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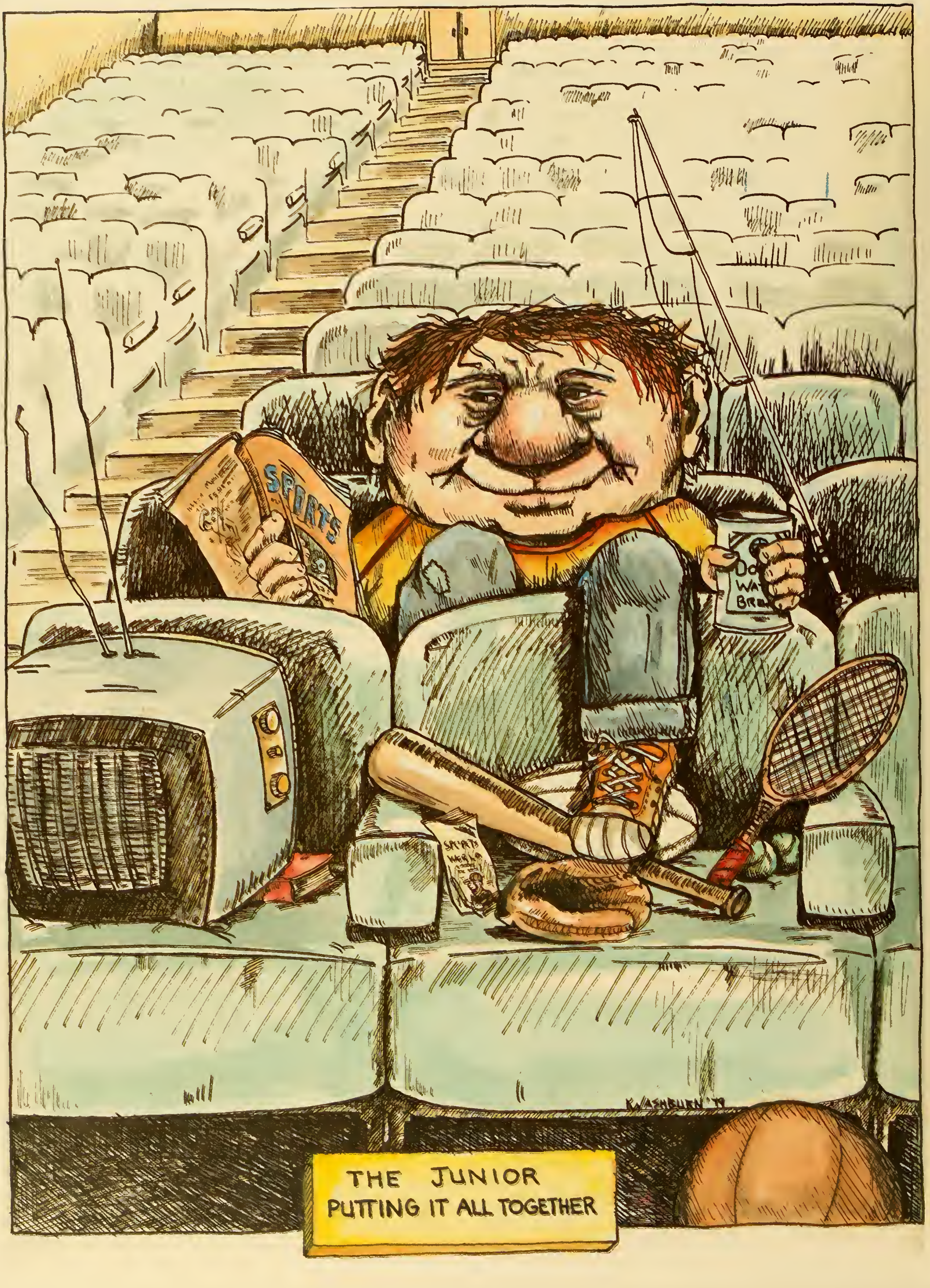
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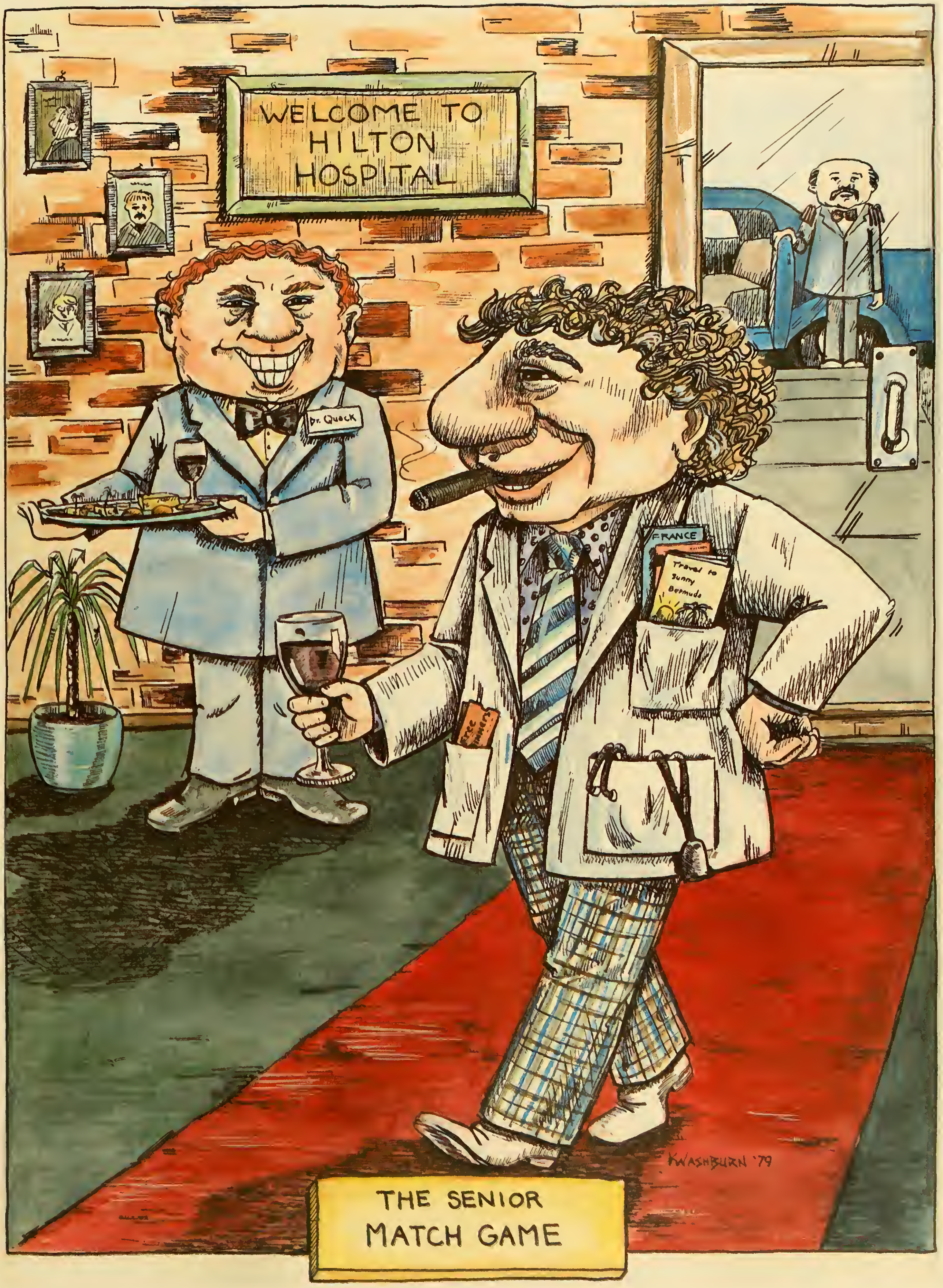
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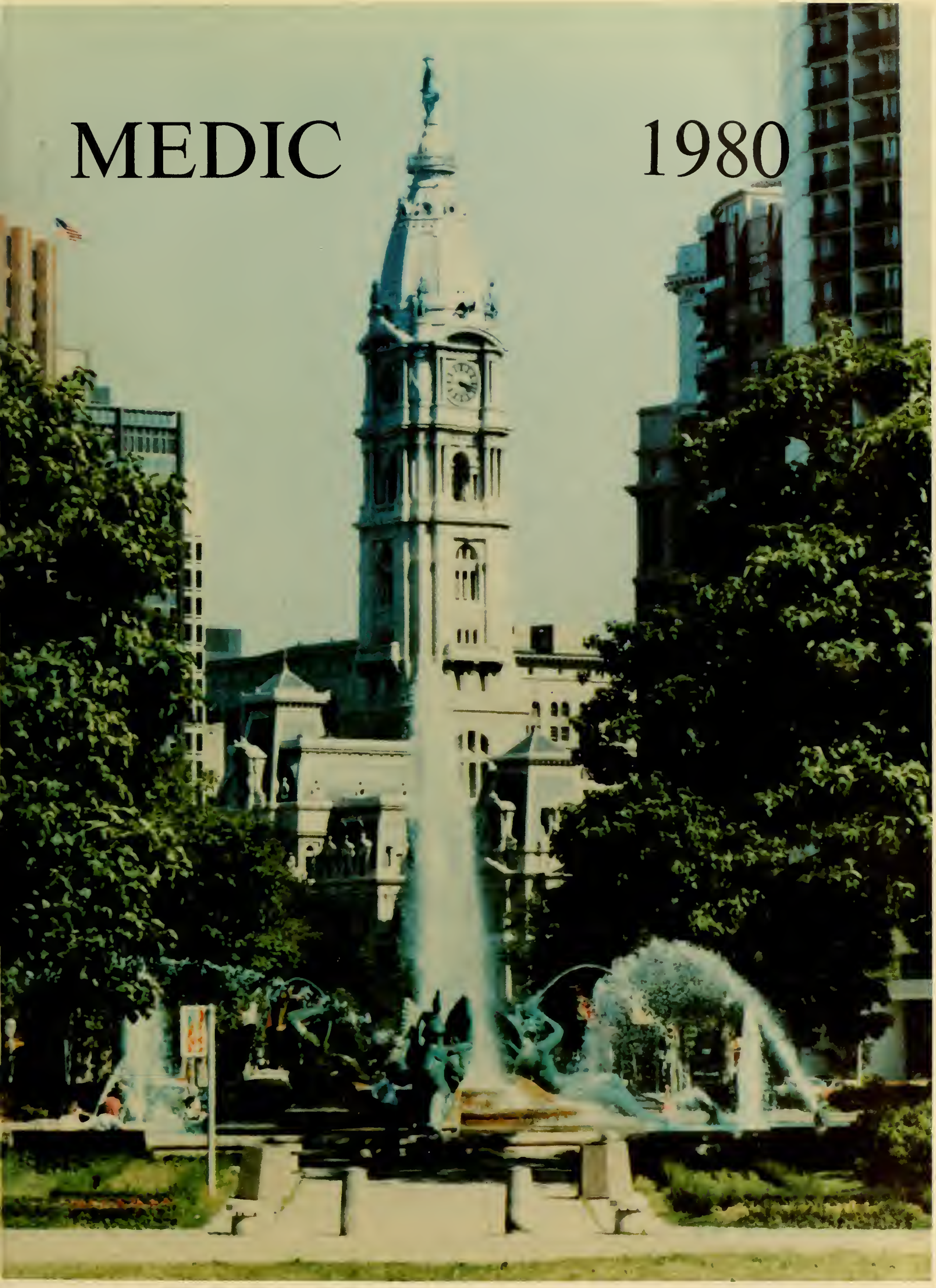

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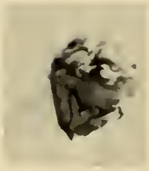

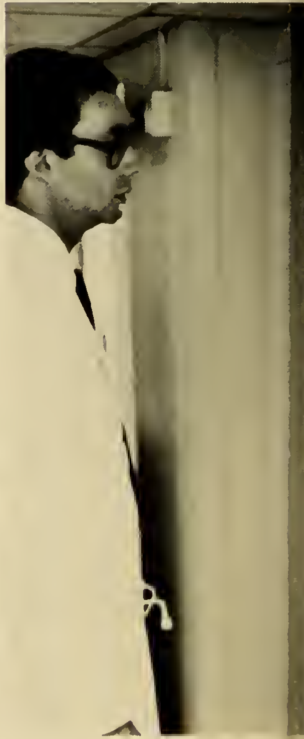

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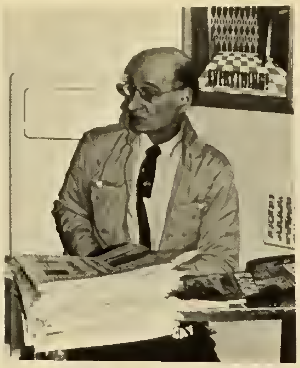

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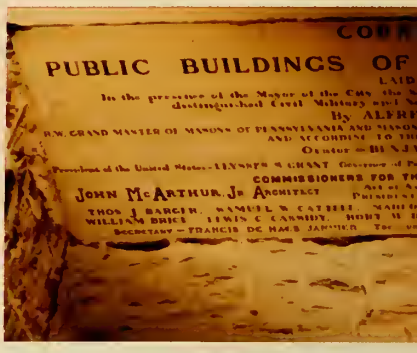
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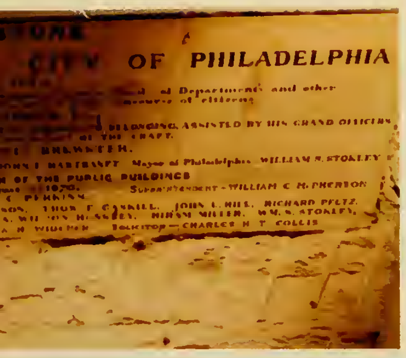
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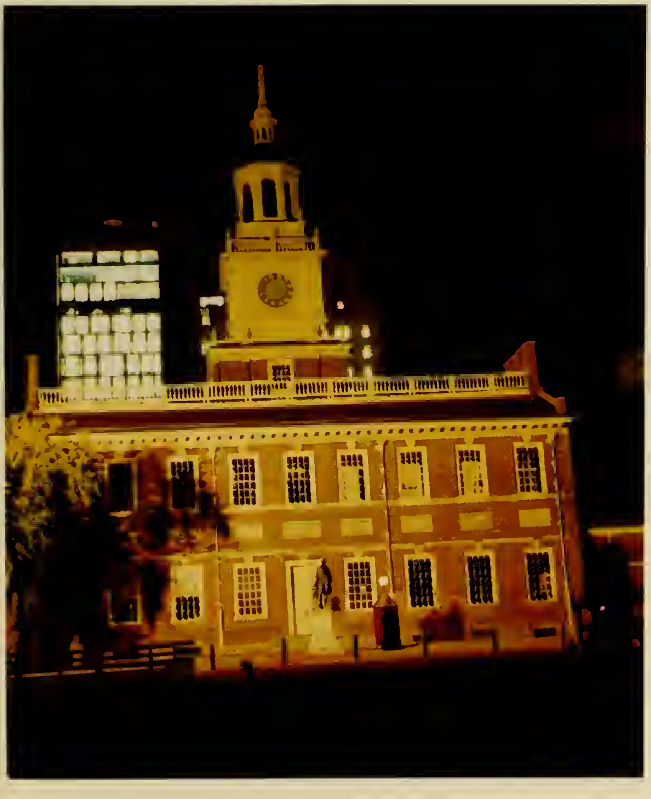

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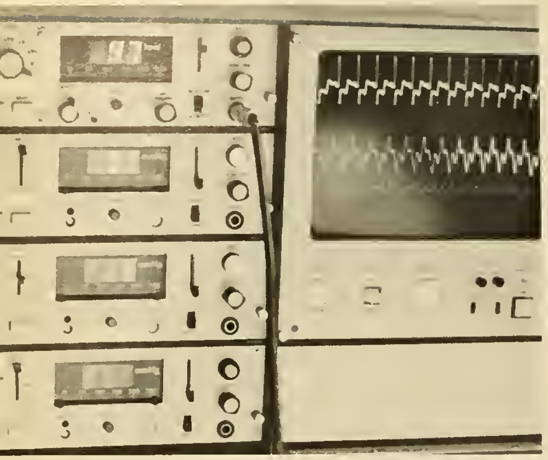

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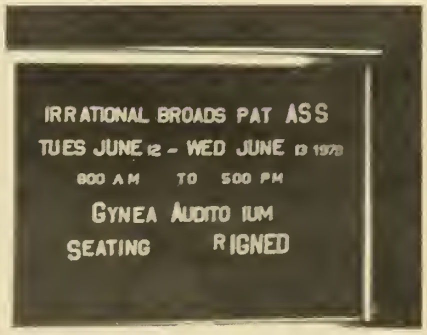
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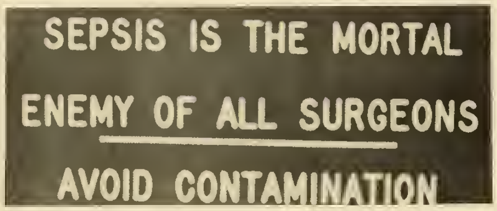
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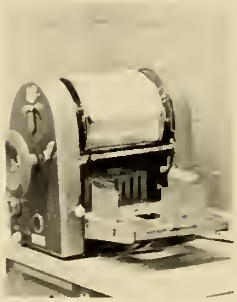

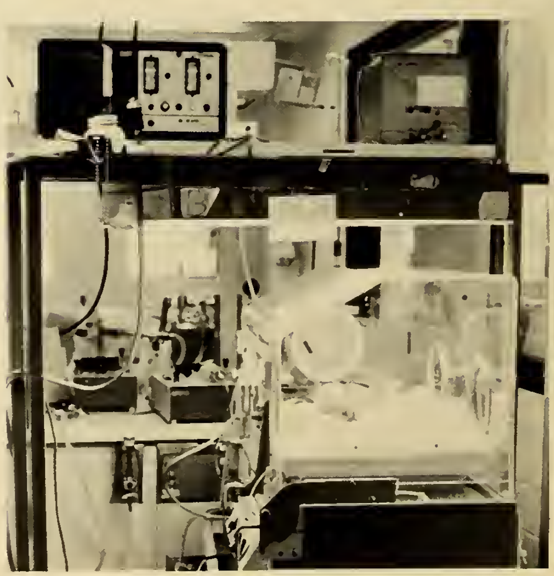

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The New Hahnemann
Journal of Medicine

Volume 1 JUNE 4, 1980 Number 1

HOMEOPATHIC MEDICINE REVISITED

SAMUEL HAHNEMANN, M.D.

Abstract. Hahnemann Medical College was initially established as a school where the controversial principles of homeopathy could be taught. The course of Hahnemann has varied from periods of financial and academic instability to periods of expansion of facilities and academic recognition. The most recent expansion effort has been the construction of the New Hospital Tower which will provide improved facilities for administering and teaching the art of medicine. (N Hahn J Med 1:1-6, 1980)

IN 1790, while experimenting on myself with cinchona bark (quinine), I developed the symptoms of intermittent fever, the same disorder for which the bark was prescribed. This was my first observation of the fundamental principle of homeopathy: "Similia similibus curantur", or "like cures like." After years of research, in 1810 I set forth the principles of my new system of medicine in the *Organon of the Art of Healing*, opposing the barbaric medical methods of the day, and advocating the use of single remedies in small doses to stimulate the body's natural mechanisms for combatting disease.

Although homeopathic ideas were not universally accepted, they were introduced into America by Dr. Hans Burch Gram when he settled in New York City in 1825. Since that time homeopathy has been both ridiculed and accepted as equivalent to allopathic medicine. The purpose of this paper is to follow the indroduction of homeopathy into American medicine and to determine its effects on and the subsequent development of an institution which bears my name, Hahnemann Medical College and Hospital.

MATERIALS AND METHODS

On July 24, 1828, Dr. Henry Detwiller of Hellertown administered the first homeopathic medication in Pennsylvania: Pulsatilla to treat a case of retarded menstruation with severe colic. A later epidemic of dysentery was effectively controlled in 1829 with the resultant conversion of many allopathic physicians in Lehigh and Northampton counties to homeopathy. Under the guidance of Dr. Wesselhoeft of Bath and Dr. Detwiller, the "Homeopathic Society of Northampton and Adjoining Counties" was formed August 23, 1834. On April 10, 1835 the North American Academy of the Homeopathic Healing Art, later known as the Allentown Academy (Fig. 1), was founded as the first school of homeopathy in the world. Dr. Constantine Hering was president, with Drs. Romig, Praeses, Wesselhoeft, Detwiller, Freytag and Pulte as faculty. The academy published a periodical and taught courses in physical examination, semeiotics, (symptomatology), pharmacodymanics, therapeutics, botany, pathology, physiology, anatomy, zoology, surgery, midwifery, diseases of women and children, medical jurisprudence, phytology, physics, mineralogy, chemistry, geology, astronomy, mathematics and the history of medicine during sessions from November to August. Diplomates, of which there were 16, were required to pass a *Colloquium*, to present a *Curriculum Vitae* and to write a dissertation on a medical subject. However, such factors as lack of funds and the exclusive use of the German language for teaching contributed to the Academy's eventual failure in 1843.

Two years after the academy closed, the American Institute of Homeopathy was organized and contemplated the establishment of a homeopathic medical college. In 1847, the National Medical Convention (of allopathic physicians), predecessor to the American Medical Association, resolved that allopathic medical schools were not to accept students on the certificate of physicians not of allopathic training, thus denying those interested in homeopathy a medical education.

RESULTS

These developments led to a meeting in early February of 1848 among Drs. Constantine Hering, Jacob Jeanes, and Walter Williamson for the purpose of petitioning the legislature for the incorporation of a homeopathic medical college. The charter was granted April 8, 1848, forming the Homeopathic Medical College of Pennsylvania, the first successful homeopathic college in the world.

The first 2-year course of lectures began on October 16, 1848 in rooms at the rear of a building at 229 Arch Street (Fig. 2). Fifteen students, paying a $100 course fee were enrolled under a faculty of nine professors (Fig. 3). Six doctors who had already attended lectures elsewhere graduated on March 15, 1849 in the Musical Fund Hall.

In September 1849 the college was moved to more spacious quarters on 1105 Filbert Street, a building formerly occupied by the Pennsylvania College of Medicine (Fig. 4). Additions were made to the faculty, 55 students matriculated and 20 were graduated.

From the college's inception, clinical instruction took place in a dispensary. On April 20, 1850 a charter was granted for the formation of the Homeopathic Hospital of Pennsylvania, which took physical existence in 1852 in a large building on Chestnut Street near the Schuylkill River (Fig. 5). The hospital had about 40 rooms, admitted accident cases at any hour, but did not admit infectious disease cases. Vincent L. Bradford was president. However, although $2,800 was raised at a 1853 fair in the Chinese Museum, Ninth and Sansom Streets, the hospital closed after two years of operation. Efforts continued to reestablish a hospital, succeeding September 9, 1862 with the formation of a women's association for the management of a hospital. Two dwellings at the rear of the college on Cuthbert Street were altered into a hospital, equipped with the furnishings of the old Chestnut Street Hospital, and opened for the treatment of sick and wounded soldiers. Although the United States Government would not allow their soldiers to be treated homeopathically until after their discharge, about 25 cases were seen daily. After the war the hospital remained opened with few patients, barely surviving on charity.

In 1865 the faculty voted to allow women to listen to the college's lectures. Also the first issue of the *Hahnemannian Monthly* appeared this year, and Dr. Boericke was authorized to prepare a standard Homeopathic Pharmacopoeia the following year.

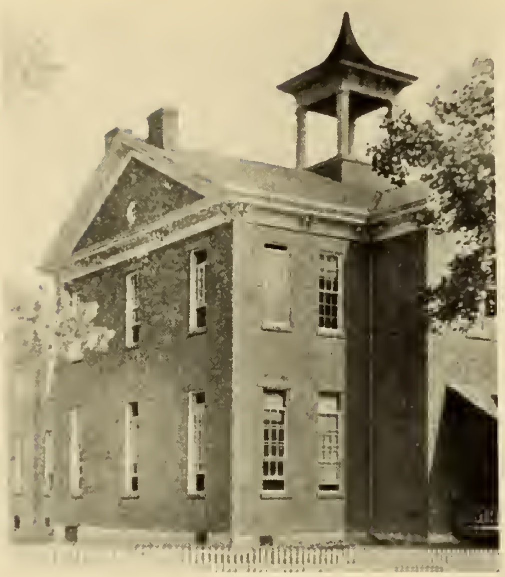


Figure 1. The Allentown Academy.

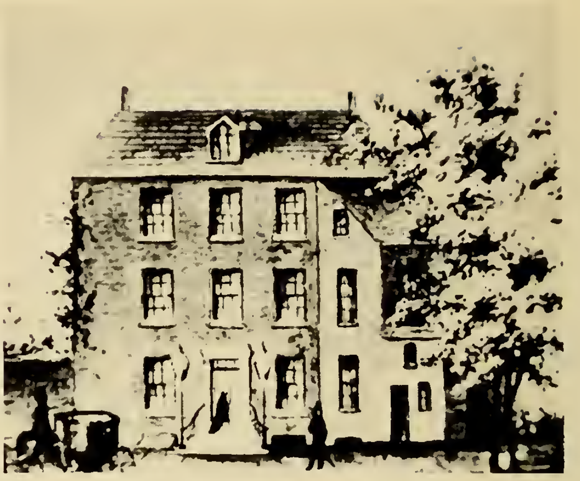


Figure 2. Homeopathic Medical College of Pennsylvania at 229 Arch Street.

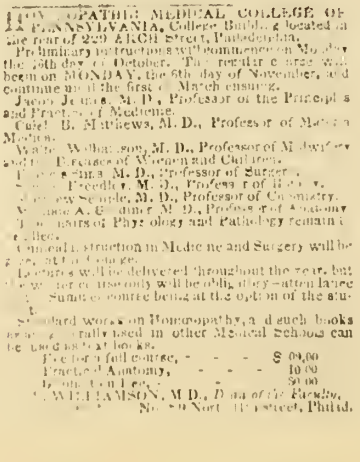
During this time the college was beset with financial difficulties, and was reincorporated as a stock corporation. This change also allowed the school to grant a degree of doctor of medicine as well as doctor of homeopathy. However, as a result, one member of the faculty, Dr. Lippe, became majority stockholder. Dr. Lippe subsequently abolished the chair of Special Pathology and Diagnostics in 1867 on the grounds that such instruction was unnecessary for a homeopathic physician. Dr. Hering found this position untenable, and resigned from his lectureship.

During the summer of 1867, Dr. Hering and his associates secured the charter of the Washington Medical College of Philadelphia, which had never held classes, and changed the name to Hahnemann Medical College of Philadelphia. The college was opened September 30, 1867 in a building at 1307 Chestnut Street with 61 students enrolled. Twenty six diplomas were awarded on March 4, 1868. After Hahnemann moved to 16-18 North 10th Street for the next session, the two schools operated as rivals, although the faculty of the old school was in sympathy with Dr. Hering. Dr. Lippe was persuaded to sell his stock to a Dr. Guernsey, who was acting incognito as an agent for Dr. Hering. On April 2, 1869, by act of the Pennsylvania Legislature, the two colleges were merged and by virtue of the Washington Charter, granted privileges of a university. The Hahnemann name was retained as a tribute to the founder of homeopathy and the institution continued on at 1105 Filbert Street. With the opening of the 1869-70 session, Hahnemann became the first medical school to adopt an optional three year course of instruction, previous standards being two years.

In the summer of 1869 the faculty felt a new hospital was needed to increase the facilities for clinical teaching. A large fund-raising fair was held at Horticultural Hall in November which raised $17,000. In 1870 construction of a five story hospital building at the site of the old soldiers hospital on Cuthbert Street was begun. The hospital had a capacity of 30 beds and was formally opened January 9, 1871 (Fig. 6). At this time a new amphitheater was built with access to the hospital.

Contention then arose centering around the desire of the hospital to remain separate from the college, as the hospital property was held in trust by the college. In 1874 the hospital was successful in obtaining an independent charter from the college; however, conditions at Cuthbert Street gradually deteriorated due to the inadequate size of the facilities and the poor location. Finally on May 1, 1883 the severance occurred and the College Trustees appointed a committee to secure a lot for a college and hospital. At this time the college had only a charter, a library, a museum which contained the Paracelsian collection and no money in the treasury. But, in the summer of 1883, a site on Broad Street above Race was found and secured with funds from the faculty. The official purchase was made September 28, 1883 for

Figure 3. Announcement of Courses for the Homeopathic Medical College of Pennsylvania.



HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA. College Building located at the rear of 229 ARCH Street, Philadelphia.

Preliminary instructions will commence on Monday the 16th day of October. The regular course will begin on MONDAY, the 6th day of November, and continue until the first of March ensuing.

Jacob Jeanes, M. D., Professor of the Principles and Practice of Medicine.

Caleb B. Matthews, M. D., Professor of Materia Medica.

Walter Williamson, M. D., Professor of Midwifery and the Diseases of Women and Children.

[illegible] Sims, M. D., Professor of Surgery.

[illegible] Freedley, M. D., Professor of [illegible].

[illegible] Semple, M. D., Professor of Chemistry.

[illegible] A. Gardiner, M. D., Professor of Anatomy.

The chairs of Physiology and Pathology remain unfilled.

Clinical instruction in Medicine and Surgery will be given at the College.

Lectures will be delivered throughout the year, but the winter course only will be obligatory—attendance on the Summer course being at the option of the student.

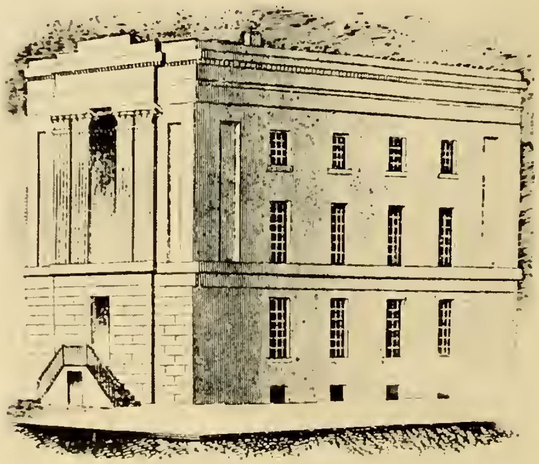
Standard works on Homœopathy, and such books as are generally used in other Medical Schools can be used as text books.

Fee for a full course, - - - $ [illegible]
Practical Anatomy, - - - 10 00
Graduation Fee, - - 30 00

W. WILLIAMSON, M. D., *Dean of the Faculty,*
No. [illegible] North [illegible] street, Philad.

Figure 4. Homeopathic Medical College of Pennsylvania at 1105 Filbert Street.

The structure was designed by Thomas U. Walter, noted architect of Girard College and designer of the wings and dome of the U.S. Capitol.



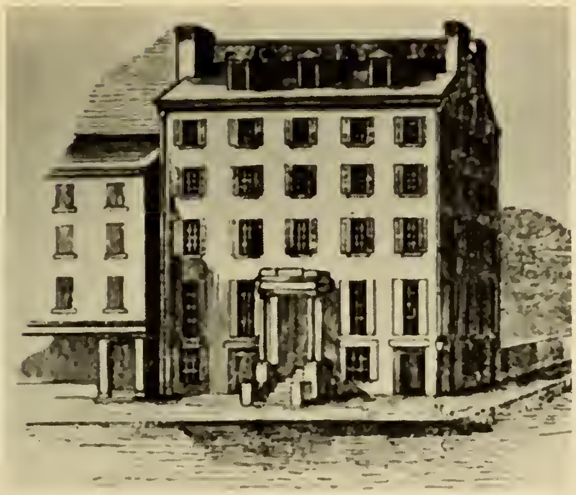


Figure 5. First Homeopathic Hospital in Pennsylvania, Chestnut Street.

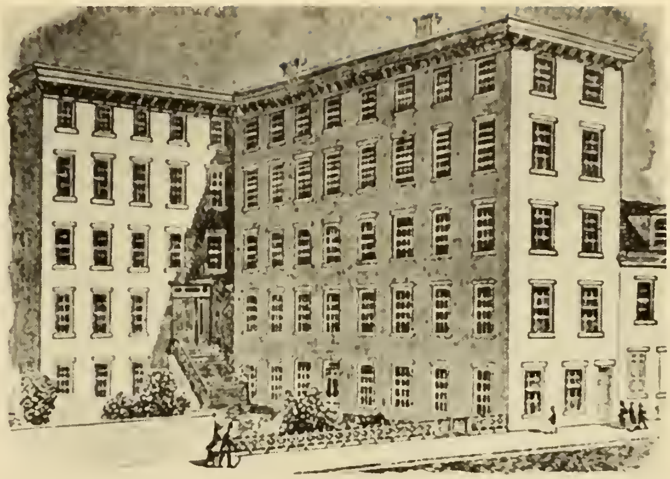


Figure 6. Cuthbert Street Homeopathic Hospital.

the sum of $103,666.67. In July of 1884 construction of the new college and one of the hospital buildings began. The cornerstone of the college was laid on November 6, 1884.

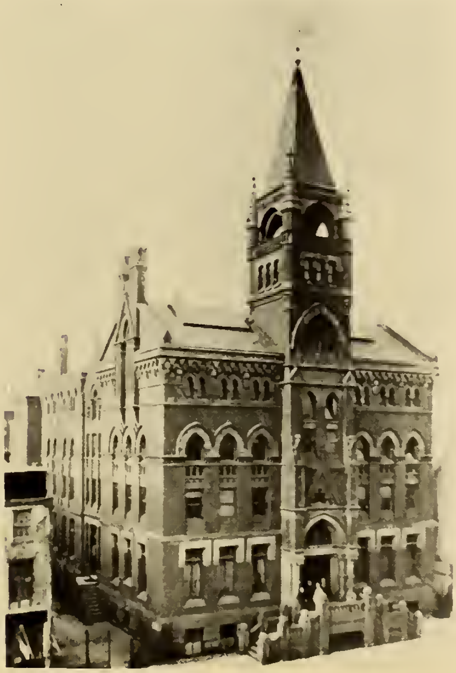
After the separation, the hospital suffered financially and on May 16, 1885 merged with the college under the title of "The Hahnemann Medical College and Hospital of Philadelphia." On September 20, 1886 the college building was dedicated at a cost of $73,695 (Figs. 7&8). The institution also absorbed the Pennsylvania Homeopathic Hospital for Children this year.

On October 3, 1887 the first building of the new hospital was opened, Clinical Hall, a dispensary used temporarily as a hospital. This year also saw the optional 3 year course become mandatory. In 1889 Hahnemann started its first outreach program, a branch dispensary in Johnstown to aid the victims of the flood.

On October 21, 1890 three primary buildings of Hahnemann Hospital were opened on North 15th Street at a cost of $138,000 (Fig. 9). The school of nursing was also established at this time, and a four year optional medical school course was offered.

During the following years Hahnemann grew in prestige. Dr. Rufus Weaver won the Gold Medal of the Columbian World Exposition for "Harriet," his dissection of the human cerebrospinal nervous system (Fig. 10). In 1894 Hahnemann established a mandatory four year curriculum. In 1906 the student nurses residence, maternity building, powerhouse and laundry were opened on North 15th Street at a cost of $350,000. Hahnemann succeeded in passing the famous Flexner Survey of 1910 with a class A rating, a tribute to the school's laboratory instruction as well as its faculty. After the Flexner report, Dr. Van Lennep, appointed dean in 1910, further raised Hahnemann's academic standards to those required of a university teaching center.

Figure 7. Hahnemann Medical College Building, Broad Street.



To comply with state regulations, a College of Science was opened in 1913 to provide a one-year premedical course. It later was expanded to two years, and finally closed in 1929 because of an ample supply of adequately trained premedical students.

After much negotiation and several setbacks, the decision was made to construct a new hospital. Two million dollars were raised, and in 1927 the college building was demolished to prepare for the construction of "the Greater Hahnemann." The college was temporarily moved to another building and later was relocated in the refurnished old hospital building on 15th Street.

The new 735 bed, 20 story hospital was completed in 1928 at a cost of $2,500,000 and dedicated January 3, 1929. It was said to be the second largest private hospital in the United States and the first skyscraper type of teaching hospital (Figs. 12, 13& 14). Among its advanced features were a steel skeleton, fireproofing, a telephone in each private patient's room, a two-program radio outlet at each bedside, six high-speed, ultra-silent elevators, a "flash" page system, a nurse page system, sun rooms, softly lit corridors, tables which fit over the bed, self-stopping dumb waiters and adjoining bathrooms for the private patients' rooms. The exterior architecture was modified American Gothic while the main entrance was Tudor English Gothic.

In the early 30's Hahnemann ran afoul of the Liaison Committee of Medical Education because of oversized classes in relationship to faculty and facilities. This was remedied with the construction of the Klahr Building which was opened in 1938 and which provided more modern laboratory teaching facilities, classrooms and even an auditorium (Fig. 15).

After the start of World War II, courses were taught on a year-round basis for several years, and women were first admitted in 1941. In 1944 the former Northwest Grammar School at 1417 Race Street was reconverted into an outpatient clinic building (Fig. 16).

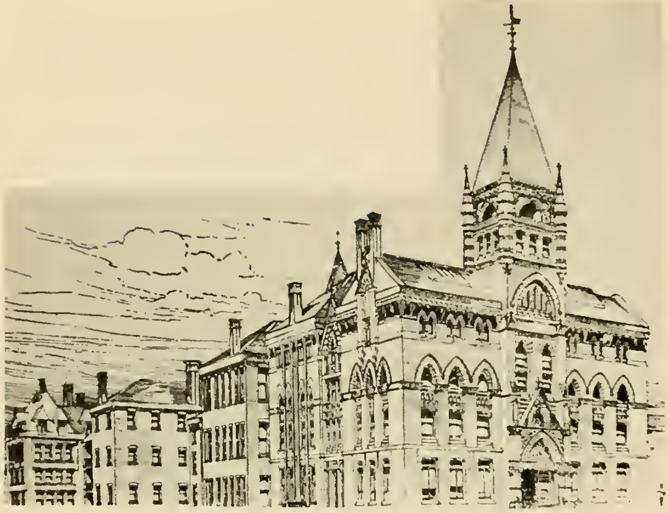


Figure 8. Hahnemann Medical College, 1886.

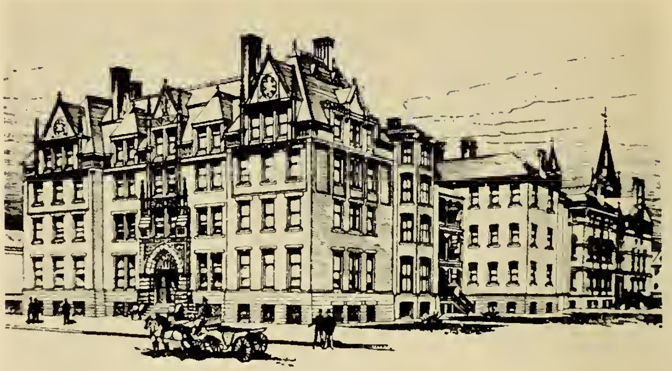


Figure 9. Hahnemann Hospital, 1890 North 15th Street.

By 1944 the control of the institution passed from a small group of the Board of Trustees to a faculty-alumni committee. This was again brought about by accreditation problems. It was realized that for Hahnemann to survive it must enter the main stream of academic and scientific medicine. A blue ribbon committee was formed to bring in an outside capable and resourceful Dean who would be able to set the institution on the right track. This turned out to be Dr. Charles L. Brown, a celebrated Philadelphia internist who assumed the Deanship and the Chair of Medicine. He fulfilled every hope and promise because he was able to attract to Hahnemann the beginnings of a distinguished faculty, especially in the basic sciences. Increased financial resources were obtained from the State of Pennsylvania and Hahnemann began its rapid and steady development into its modern era.

Homeopathy was dropped as a requirement for graduation in 1944-45 although some elective work in this subject persisted in minor courses until 1959. As evidence of Hahnemann's entry into the realm of scientific medicine, the Graduate School of the Basic Medical Sciences was organized in 1951, granting its first Ph.D degree in 1956. This school has had a brilliant record and many of its graduates are now leaders in industry and academia. The late 40's and 50's also saw the landmark work of Drs. Charles Bailey, William Likoff and others in heart surgery and research. It also saw the development of the cross-disciplinary Cardiovascular Institute, one of the nation's first.

Dr. Charles S. Cameron became Dean in 1956 and carried on the forward drive of faculty improvement. He concentrated on the recruitment of full-time clinical faculty. In 1961 Dr. Cameron was made President and began the planning and execution of the 21st Century Drive to obtain funds for facilities and equipment. Dr. William Kellow was brought to Hahnemann from Chicago to become Dean in 1961. He undertook extensive student activities and curriculum development. Also at this time Mr. Charles Paxson, Executive Vice President, a very able administrator, made many changes and improvements in organization and governance which enabled Hahnemann to function effectively in the delivery of medical care.

Figure 10. Dr. Rufus Weaver with "Harriet."

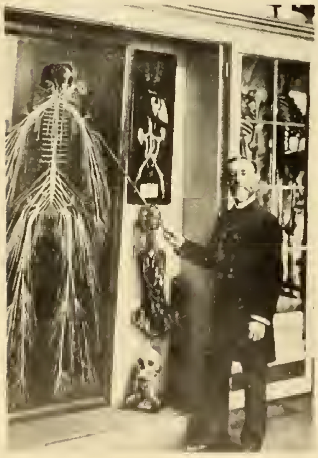
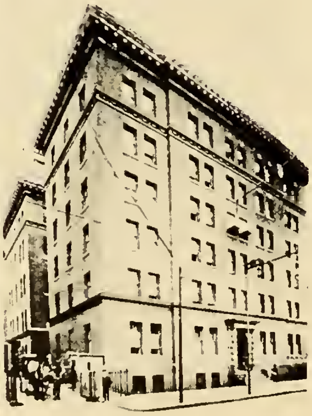
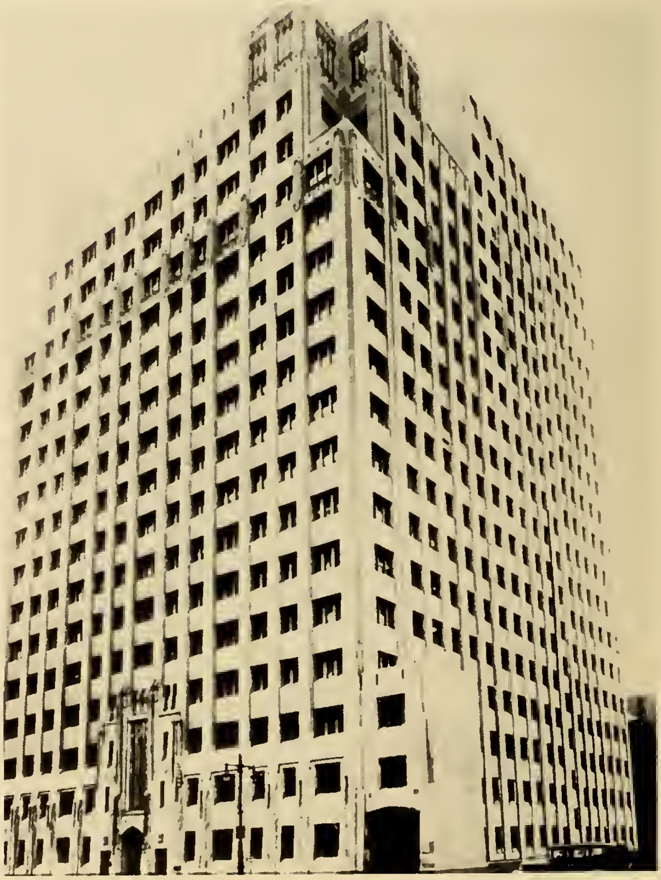


Figure 11. Nurses Residence and Maternity Building, 1906.



The next two decades saw the expansion of Hahnemann's facilities. In 1963 a 2.4 million dollar School of Nursing Building to provide housing and classrooms for 185 students was opened at 15th and Race Streets. In January 1967, the Myer Feinstein Polyclinic, containing one of the largest radiation theraphy units

Figure 12. "The Greater Hahnemann." Hahnemann Hospital, 1929



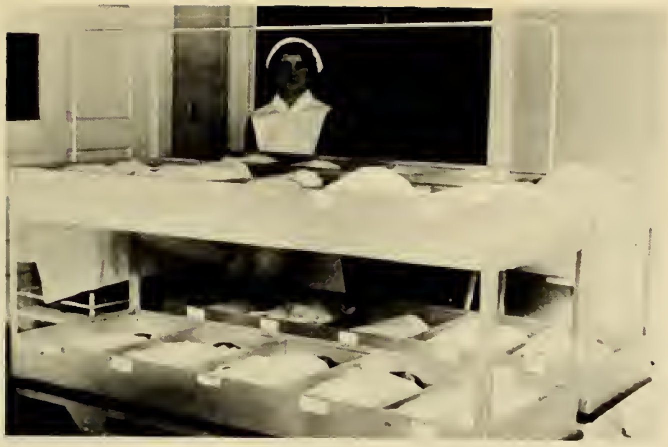


Figure 13. Newborn Nursery.

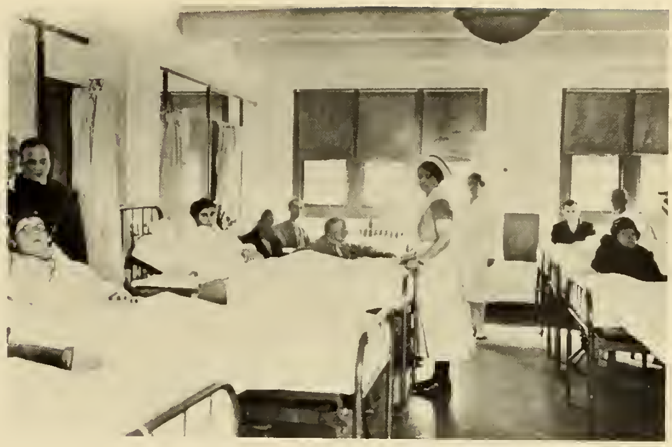
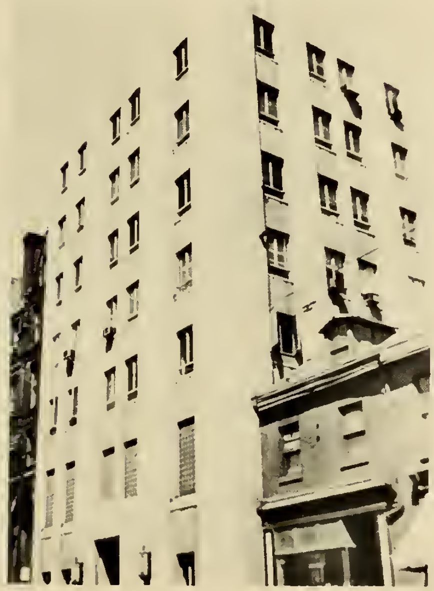


Figure 14. Men's Ward at "the Greater Hahnemann."

Figure 15. Klahr Building.



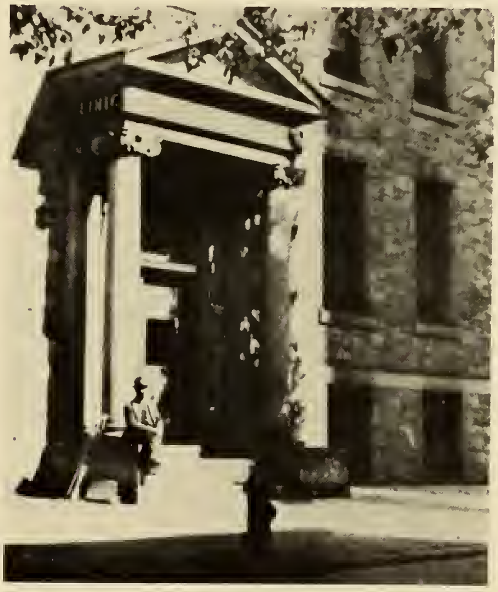


Figure 16. Hahnemann Outpatient Clinic at Race Street.

Figure 17. Myer Feinstein Polyclinic.

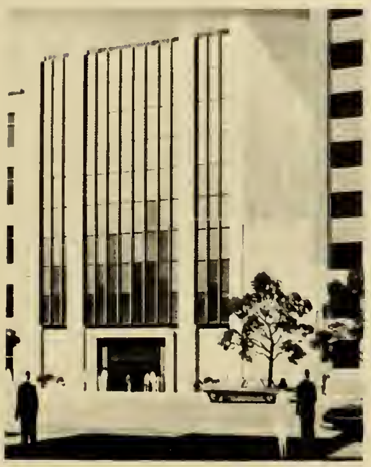


Figure 18. Elmer Holmes Bobst Institute.

in the United States, as well as ambulatory care facilities, was opened at a cost of 1.9 million dollars (Fig. 17). In June 1967 the 5.1 million Elmer Holmes Bobst Institute of Clinical Research was dedicated (Fig. 18). Additionally, a Psychiatric Day Hospital was opened in rented quarters at the Hotel Philadelphia, 320 North Broad Street.

In 1968 the old hospital building on North 15th Street was demolished for the construction of a new college building. This nineteen-story tower and eight-story wing was completed in 1972 (Fig 19). It cost over 32 million dollars, contained three lecture halls, a 700- seat auditorium, 18 multipurpose teaching laboratories and many research laboratories.

In 1972 the College of Allied Health Professions was formed and in 1974 Stiles Alumni Hall for student housing was built. During the early 1970's Hahnemann also established outreach programs to Wilkes, Lehigh and Gannon Colleges for the purpose of training primary care physicians. Programs for disadvantaged students involving Lincoln and Cheyney Colleges were organized and proved effective in increasing opportunities for minorities.

Finally, after political difficulties and near financial disaster, erection of a new 21-story hospital tower to complement the 1928 structure was begun in 1976. The cornerstone was laid on September 27, 1979 and completion is scheduled for this spring,

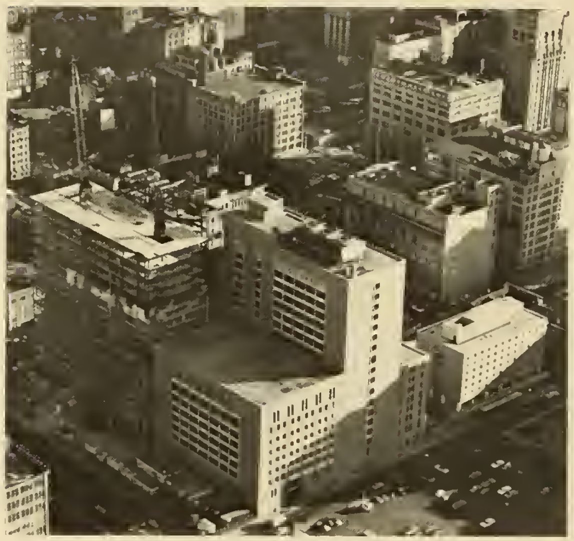


Figure 19. The New College Building in Center with the Klahr Building Adjacent and Nurses Residence Far Right. The New Hospital Tower is Under Construction.

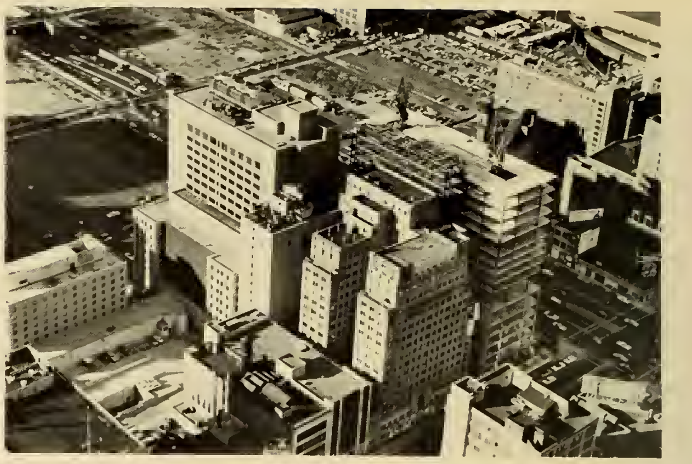
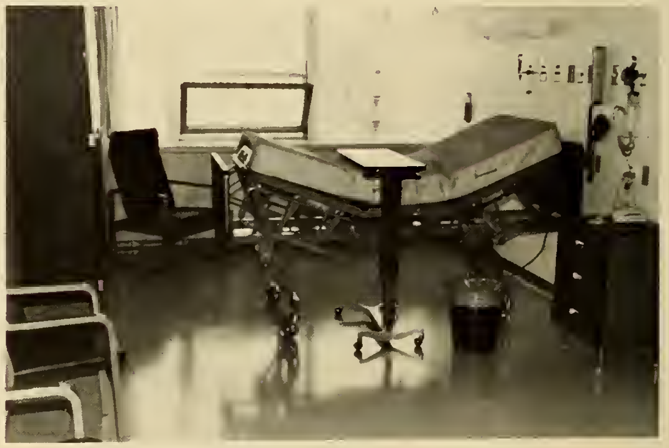


Figure 20. The New Hospital Tower Undergoing Construction. The Old Hospital and Myer Feinstein Polyclinic are along Broad Street. Stiles Alumni Hall is in the Background.

Figure 21. Finished Private Room in the New Hospital Tower.



1980 (Figs. 20, 21 & 22). The new tower covers 464,000 square feet and will include a new emergency health service center, the Cardiovascular Institute's patient care facility, categorical care units and support facilities. Unique features of the hospital include: energy conservation measures in the form of special windows and computer-controlled temperature regulation, a staggered truss design in the upper floors which provides column-free areas so that future changes may be accommodated, a telephone and television for each patient, a computerized "dimension" phone system, semiprivate maximum room occupancy with a bathroom for each room, three computer-controlled pneumatic tube systems, two solariums, and an improved nurses' call system.

COMMENT

Now that I have passed on to my great reward some 137 years ago, I must say that I have derived great pleasure from watching the developments at Broad and Vine Streets. Despite the fact that my namesake institution has given up homeopathy, it has replaced it with a healthy approach to medical practice using the best of the amazing scientific developments of the present age. Best of all it has followed another one of my dictums: *Primum non nocere* (First of all do no harm).

My greatest pleasure comes from observing that Hahnemann Medical College and Hospital has one of the best and largest departments of Mental Health Sciences in the entire world. You know that in addition to my development of Homeopathy that I was instrumental in instituting a more sympathetic and humane therapy for the insane.

It is pleasing to observe that Hahnemann has replaced the notorious Wharton Shober with an able physician, educator and administrator, Dr. William Likoff, as President and Chief Executive Officer. Now that facilities development has been achieved, the institution has entered into an era of consolidation, academic and clinical improvement and the attainment of a long sought goal of financial stability.

Yes, homeopathy has not been a cure or prevention for political intrigues and shortages of funding. Fortunately, a stout hearted faculty, an enthusiastic student body and a loyal alumni have supported survival and advancement even in adversity. I look forward to even greater academic, medical and scientific advancements from my namesake in the next 100 years.

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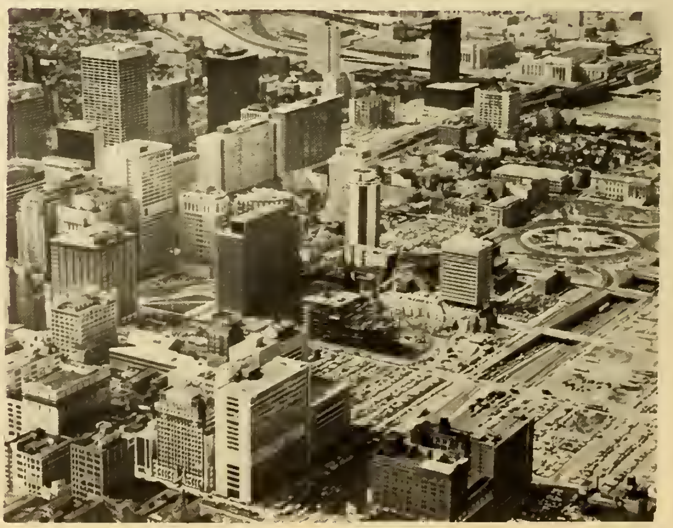
Figure 22. The New Hospital Tower Nearing Completion



MEDICAL INTELLIGENCE

HAHNEMANN MEDICAL & HOMEOPATHIC JOURNAL

THE EARLY EFFECTS OF H-VIRUS ON SATURATED BRAIN TISSUE

PETER DEMENTO, PH.D., THOMAS JAVELIN, PH.D.,
AND E.T. DEVILAKOS, M.D., PH.D.

THE problem of adverse side effects from saturation of brain tissue in first year medical students has long been recognized as serious (Fig. 1). This study was instituted due to the fact that in spite of the increasing prevalence of symptoms the subjects remained unaware of their status (Fig. 2). Even after repeated attempts to orient the subjects to their dire condition, their ignorance remained unchanged (Fig. 3). One remarkable case (Fig. 4) resisted all attempts to reverse his deteriorating condition.

Figure 1. Chronic exhibitionism

Figure 2. We really *do* love medical school

Figure 3. Remember, in the male, androgens are made by a pair of glands *this* size

Figure 4. Note the bilateral growth sprouting from his ligamentum nuchae

ASSIFICATION OF NERVE FIBERS
1 Factors affecting Conduction Velocity
2 Relationship between fiber diam. & Cond. velocity
3 Classification
4. After Potentials in different types of fibers
slower cond
9) Fiber diam
I Int diam

Figure 5. Dr. Kalia, Professor of Urban Planning

Dr. "Mad Madhu" Kalia has kindly offered a brief explanation of the brain in her unique style (Fig. 5): "Picture the brain as a cabbage at the top of your body. This is good because if it was at the bottom you would have cole slaw (Fig. 6). The brain's function can be compared to that of a cat. Actually, it is nothing like a cat, but I like cats. It is really more like a highway. The brain has some things which go in and some things which go out, and some interneurons in between."

Figure 6. Why can't I see the blackboard from here

Our present study has been made possible by the great generosity of Ms. Lucretia Pastafazoola (Fig. 7) who advanced us the money at the nominal rate of 185% with the added stipulation that one of us crochet her chest. Also, some faculty members pitched in to raise some money (Fig. 8).

Figure 7. Look, I think it stinks also.

Figure 8. Get a free girl with every bottle.

METHODS

A sample of 183 subjects was drawn from a pool of eager volunteers (Fig. 9). Necessary steps were taken the first month to properly saturate the virgin tissue (Fig. 10). Brain washing was achieved using the Crafts and Lehninger technique (1963) (Fig. 11). Dr. Buck Sahhhphie continued the process four times weekly with unequalled fervor (Fig. 12).

Levels of saturation were determined after the first month. Success was ascertained after 50% of the subjects exhibited supra-saturation levels (Fig. 13).

Figure 9. We thought it was for Masters and Johnson

Figure 10. And we're proud of it, too!

Figure 11. I've been worked to the bone

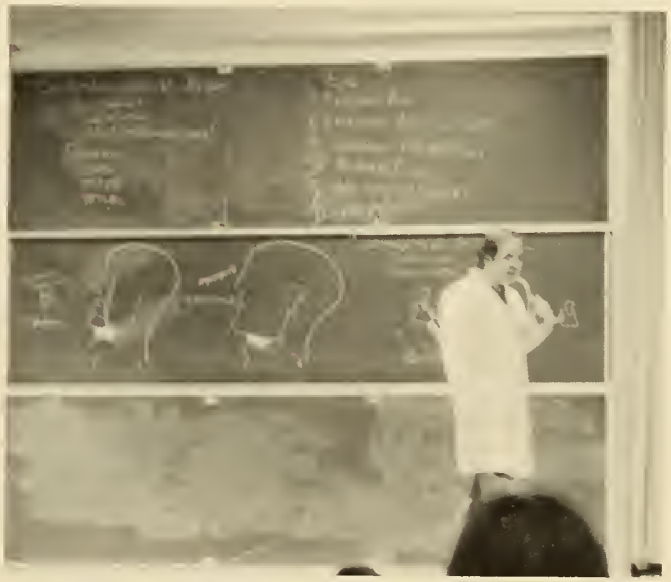


Figure 12. All you need to know is what's in the book, what's in the lectures, what's in lab, what's in the jouranals ...

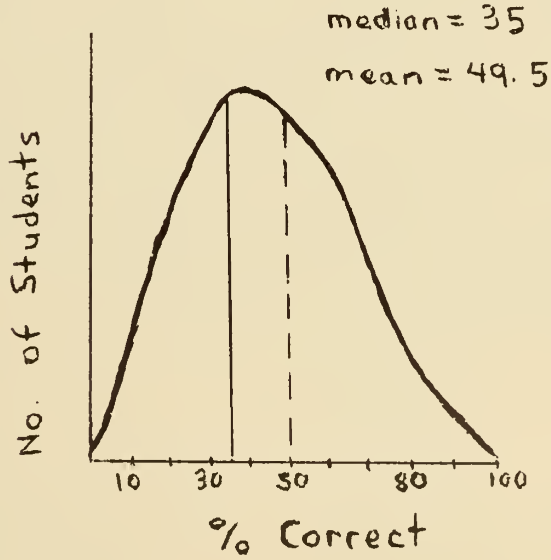


Figure 13. Test Results, Anatomy Exam I

Subjects were then led to the innoculation chamber (Fig. 14) and anesthetized by the soothing soprano of Dr. Ella Angstadt. As each subject drifted below the level of consciousness, the innocuous agent, H-7, was distributed (Fig. 15). The regimen included biweekly distribution of the virus. It became obvious that those subjects most susceptible to the lulling effect of the Sultry Siren were the first in line during distribution. The procedure continued over a nine month period.

Figure 14. The Experimental Innoculation Chamber

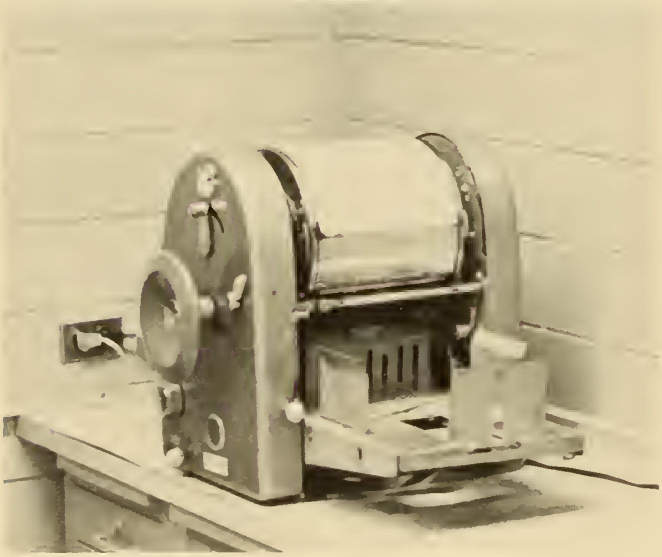


Figure 15. The Apparatus Used to Distribute the Innocuous Agent

RESULTS

Optimal saturation was effected in 83% of the tissues (Fig. 16). It is interesting to note that one subject, Larry Hop-Step-and-Jump, preferred self-saturation in addition to the rigorous experimental regimen (Fig. 17).

The ensuing viral infection manifested itself in a series of symptoms. The Squirrel Syndrome, the development of viral masses over the zygomatic arch, was noted in both subject and experimenter (Fig. 18). Four months post-innoculation, a mutant strain H-virus, FUZZ-E, had manifested itself in 20% of male tissues (Fig. 19). The source of FUZZ-E was traced to J.D. Bagged-it, here shown extending his pilus preparing to eject the mutant strain into an unsuspecting host (Fig. 20). In order to further study the mutant, it was cultured on the head of this anesthetized tissue (Fig. 21). The strain was isolated and sectioned, and an EM of the virus was obtained (Fig. 22).

Figure 16A. Obviously Saturated

Figure 16B. Not Only Saturated — OD'd

Figure 17. I memorized Big Robbins in 14.5 hours straight!

Figure 18. We heard there will be a short winter this year

Figure 19. Bilateral Infestation of FUZZ-E

Figure 21. Excedrin Headache No. 6,542

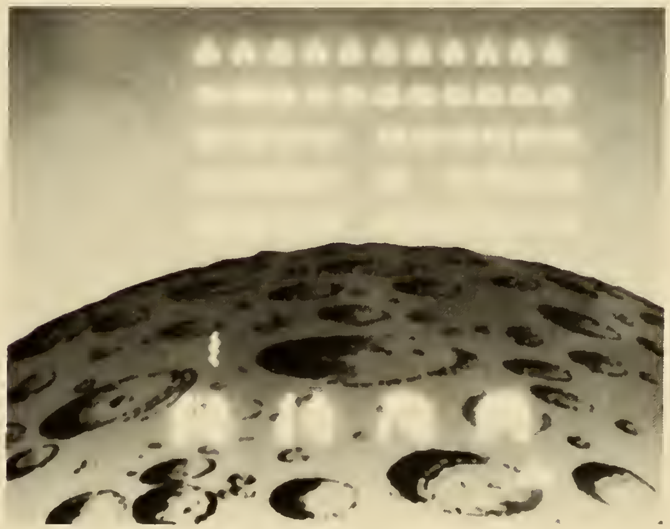


Figure 22. EM of Attacking H-Virus

Figure 20. Would you be up for a little asexual conjugation?

Despite indications that the first stage of the disease was coming to an end, more frequent and potent innoculations resulted in increasingly bizarre and puzzling manifestations. Extraneous tissue appeared in other body areas (Fig. 23) and proliferated uncontrollably when exposed to recordings of The Knack's hit single "My Sharona" (Fig. 24). Courageous attempts by the subjects themselves to excise the tissue (Fig. 25) failed dismally (Fig. 26).

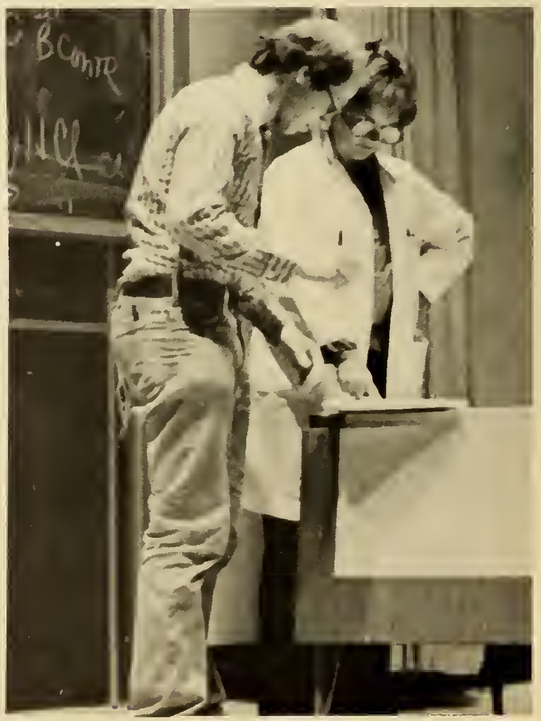
Figure 25. Where are yours?

Figure 23. I'm going on a diet after exams.

Figure 26. We told him not to go to all of LaVage's lectures!

Figure 27. But the book said it was dorsolateral, not lateral dorsal.

Figure 24. This treatment is painless.



Illustrating the extreme danger of the experiment, one of the researchers, Dr. Antra Gastra LaVage, was actually infected herself after multiple exposures to one of the more resistant experimental subjects (Fig. 26).

DISCUSSION

Current research is being directed towards description of H-virus symptomology, its diverse and bizarre effects on first year student brain tissue (Fig. 28). However, it is well known that methods of treatment are lacking. Though there exists no clear cut therapeutic regimen, students have found considerable symptomatic relief through use of the following modes of self-treatment.

One of the most popular treatments can be obtained in Sahhphie's Sunny Solarium (formerly the gross anatomy lab), where students can be found basking under fluorescent lighting and basting in preservative fluid under the supervision of classmates (Fig. 29).

Other students obtain relief in the student lounge where they plug themselves into large, brightly colored machines. These machines generate pleasurable vibrations, flashing lights and soothing noises, so that everyone walks away with a satisfied grin (Fig. 30).

Figure 28B. We want to quit school, marry doctors, scrub floors and have babies.

Figure 28A. I get along by carrying around an extra brain in a box.

Figure 29. Awhhhh, so that's what happens!

Figure 30. This machine gives great game.

Between classes students can be seen queuing up in front of the 15th St. Acute Attack Treatment Booth where Dr. Mama Pretziola dispenses her chewy brand of oral gratification (Fig. 31).

Even professors have attempted to help students in combatting their disease. Most notably, Dr. Minnesota Meyer enthusiastically coaches an eager freshman on the finer points of the game (Fig. 32).

Well, the first year is over. Due to the effects of H-virus, students have done things they have never done before, and hope to never do again (Fig. 33). Although students are awaiting a possible re-emergence of H-virus in Core I extension, they believe that prognosis for the future is good as long as new and exciting therapeutic techniques are discovered and implemented (Fig. 34).

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Figure 31. God, I hope I have enough for a double.

Figure 32. It's not the way you hold a stick, it's how you use it.

Figure 33. Gross Leftovers

Figure 34. Splash Therapy

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NOSOCOMIAL DISEASE WITH A SIX-WEEK PERIODICITY

WILBUR OATS, M.D., GERI MELANCHOLIA, M.D., METASTATIC SEDLACHECK, M.D. AND O. K. KIDD, M.D.

LINICIANS in Eastern Pennsylvania and New Jersey have recently become concerned with a new outbreak of an idiopathic disease apparently infectious in nature and nosocomial in origin. Similar syndromes have been documented at other institutions; however, our research tends to support the hypothesis that the disease is somehow associated with Hahnemann.

The initial manifestation has a precipitous onset following the start of sophomore clinical rotations. It consists of a massive and irregular trunkal leukoplakia which is often episodic in nature (Fig. 1). An exception to this feature is the gradual onset which some individuals show in the twelve weeks prior to Thanksgiving. Some authors attribute this to extended hyperdamjanovemia, increased pharmacoglobulins and the presence of Bennett-Jones proteins. Other manifestations of the disease are insomnia (Fig. 2), polyphagia (Fig. 6), confusion (Fig. 3), frequency and urgency (Fig. 4), dysparnuria, and inappropriate affect (Fig. 5). Jacksonian March is not an uncommon finding.

This study was performed to evaluate the etiology of this disease at a major teaching hospital.

Figure 1. Note the Radical Transformation and Cachectic Appearance.

Figure 3. Confusion is a Common Premorbid Finding.

Figure 4. Frequency and Urgency.

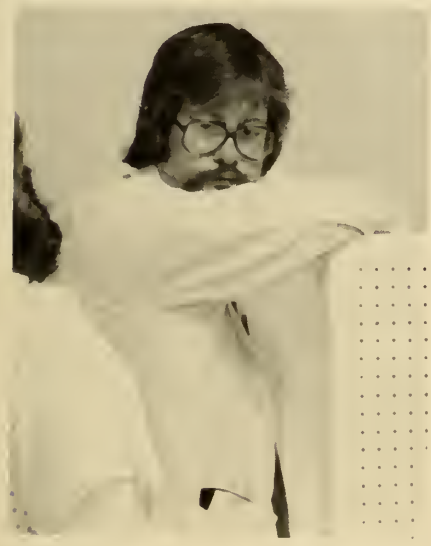


Figure 2. Active Insomnia.

Figure 5. Inappropriate Affect.

Figure 6. Oral Needs.

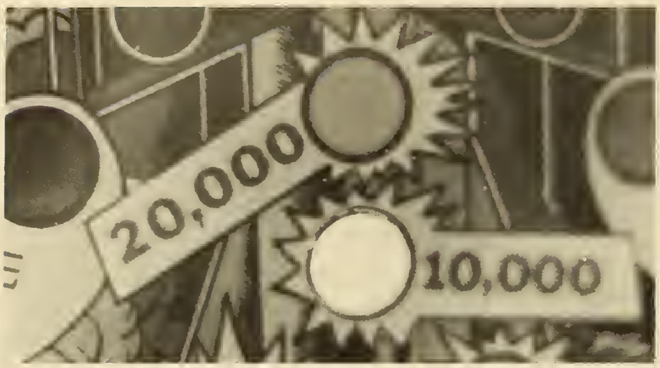


Figure 7. Scientific Determination of Entrance Fee.

MATERIALS AND METHODS

This study was performed with a data base of 192 "volunteers" of the Hahnemann class of 1982 who have been reported to be infected with the disease. Criteria for participation in the study include: a sizable cash fee (Fig. 7.), successful completion of an unusually long 48 week sleep-learning program[1], and the following physical characteristics: cranial vacuum (Fig 9), ability to engulf large objects (Fig. 10), intact cerebellar functioning (Fig. 11) and the ability to develop horns (Fig. 12).

The major technique employed in this study involved observation of the subjects during normal daily activities. Routine studies, CAT scan, ultrasound, urinalysis (Fig. 8) and routine bloodwork, CBC, lytes, VDRL, PKU, BUN, BMOC, ANA, MMR, YSP, FLN, WSH, and IOQ, were done (Figs. 13, 14).

Figure 8. Technician Looks for Bennett-Jones Proteins.

Figure 9. Note Continuity of Auditory Canals.

Figure 11. Rejected Due to Attention Tremor.

Figure 10. Linda Lovelace Look Out.

Figure 12. Note Growing Horns.

Figure 13. Stat Bloodwork on Sophomore after Pathology Finals.

Figure 14. Our Study Puts Stat Lab in the Black.

RESULTS

After 10,000 man-hours of intensive studies, we are now able to discern several pertinent observations about this mysterious disease. Incidence shows a male preponderance of 5:1 over females. Peak incidence is from age 22 to 24 years of age, with a second peak at 95. The mode of transmission can be oral-fecal (Fig. 15), respiratory, sexual or telepathic. Exacerbations seem to occur every six weeks, coincident with when the students are on the floors.

It is intuitively obvious that the first manifestation of the disease is primarily psychological. Among the common symptoms are: manic states (Fig. 16), states of anergy (Fig. 17), strange compulsions (Figs. 18, 19) and loss of reality testing (Fig. 20). Less frequent are Kodachromophobia (Fig. 21) and silly behavior (Fig. 22).

Figure 20. Fussball Fanatics.

Figure 15. Parties are an Important Source of Infection.

Figure 18.

Figure 17. Psychomotor Retardation.

Figure 16. Manic State.

Figure 19. Nonspecific Findings.

Figure 21. Kodachromophobia.

Figure 23. Some Light Reading.

Figure 22. Why is this Man Smiling?

Figure 24. Often Hundreds Gather Like This.

Figure 25. Worshipping the Cutoff.

Figure 27. The Pathognomonic Appearance of Malignant Transitory Leukoplakia. Note Calvarial Involvement in Inset.

Figure 29. Disoriented x 3.

DISCUSSION

This disease is commonly recognized to have three well-demarcated phases, prodromal (P), acute rapidly progressing syndrome (ARPS) and chronic unrelenting syndrome (CUS). While there are many cures, sequelae are common.

Prodromal Syndrome

The initial phase has a 48-week duration with a four-week periodicity. During this time the subject spends hours staring mindlessly at books (Fig. 23). Coinciding with this four-week periodicity are strange letter-picking rituals done in groups without apparent purpose (Fig. 24). Strange social interactions follow these rituals; they appear to have some purgative function (Fig. 25).

Figure 26. Afflicted Individuals Show Off in the Class Show.

Figure 28. Note Absence of Calvarial Involvement.

Acute Rapidly Progressing Syndrome

It must be said that this term is really a misnomer, as this syndrome is no more acute than the chronic unrelenting syndrome. However, it is more rapidly progressing. This syndrome has two phases. The first is a transitory leukoplakia which occurs only in the male (Fig. 26). The second phase, common to both sexes, is a malignant transitory leukoplakia with a special calvarial involvement which is pathognomonic in the male[2] (Fig. 27). Figure 28 shows the appearance of malignant transitory leukoplakia in the female.

Figure 30.

Figure 33. Note Pompous Attitude.

Figure 32. Doll's Eye Reflex.

Figure 31. Presence of a Tie is not a Constant Feature.

Figure 36. Patient Tries Home Remedy

Figure 35. Mask-like Facies.

Figure 34. Displaced Auditory Sensations.

Medical News

Figure 37. Polyphagia with Irregular Trunkal Leukoplakia Gives a High Index of Suspicion.

Figure 38. What's the Patient Doing on the Floor?

Chronic Unrelenting Syndrome

Irregular trunkal leukoplakia is the hallmark feature of this disease and is found in both ARPS and CUS; thus, this cannot be used to differentiate between these syndromes (a question which often appears on the Boards). Many of the aforementioned symptoms are evident in this stage of the disease (Figs. 29-39). Furthermore, it is not uncommon to find brutal behaviors in these patients, such as child, wife, husband, dog and doll abuse[3] (Fig. 40).

Figure 40. Famous Dollabusologist Demonstrates Technique.

Figure 41.

Figure 39. Positive Romberg.

Figure 42.

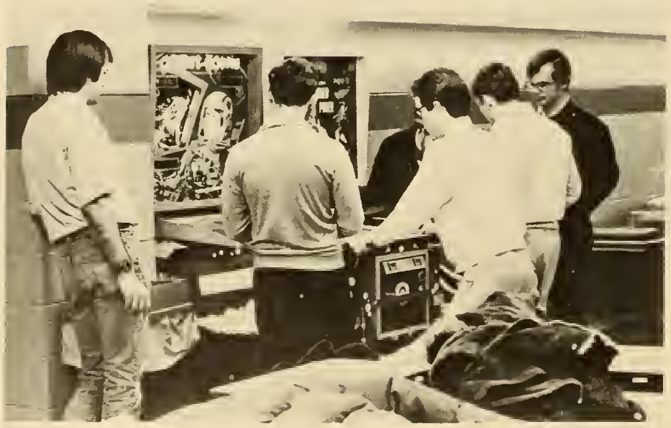


Figure 43.

TREATMENT

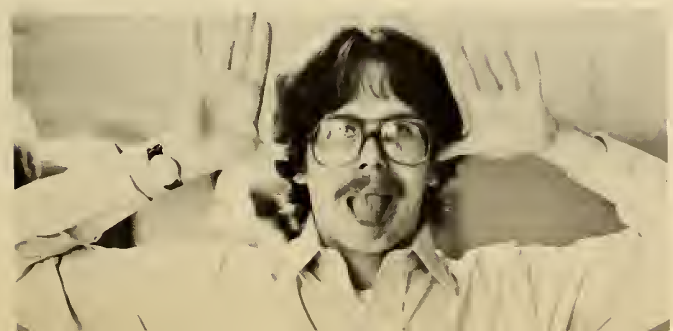
Treatment modalities include chemotherapy (Fig. 44), physical therapy (Figs. 48, 49), play therapy[4] (Figs. 42, 43), music therapy (Fig. 41), occupational therapy (Fig. 47), psychotherapy group therapy (Fig. 45), and individualized therapy (Fig. 46). If these modalities fail, heroic measures are usually indicated (Fig. 50).

Figure 45. Dr. Ferko Supervizing Group Therapy.

Figure 46. Dr. Ferko One-on-one.

Figure 50. Read the Directions Out Loud.

Figure 52. Tardive Dyskinesia.



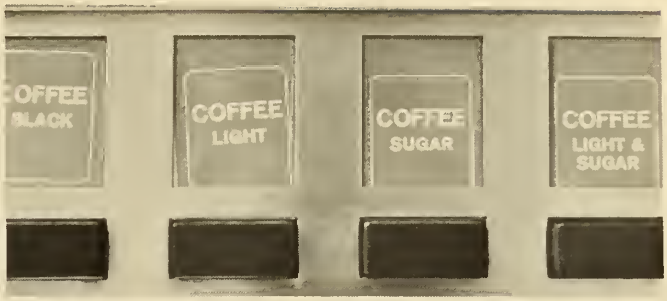


Figure 44. Other forms include extra-light and extra-sugar.

Figure 47.

Figures 48 and 49.

Figure 51. Gene Kelly Syndrome.

CURE AND SEQUELAE

Recent research indicates a significant cure rate is possible, usually attained in a year or less with the resumption of classes in Core III. However, senior relapses are very common, and serious sequelae are virtually ubiquitous. Sequelae are primarily neurological in nature and are manifested by the Gene Kelly Syndrome (Fig. 51), vestibular damage (Fig. 54) and a disorder resembling tardive dyskinesia (Fig. 52). Other sequelae are an enlarged pectoral girdle (Fig. 55) and scoliosis (Fig. 53). Cynics will not be surprised to find that the best prognosis lies with women (Figs. 56-59).

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Figure 53. Scoliotic Posture.

Figure 54. Vestibular Damage.

Figure 58. Patients are Often Able to Resume Normal Activities after Illness.

Figure 55. Enlarged Pectoral Girdle with Horniness.

Figure 56. Note Appropriate Affect after Midterm Exams.

Figure 57. Impossible to Distinguish Cured Person from Populace.

Figure 59. Two of the Rare Male Cures with Therapist.

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SLEEP APNEA SYNDROMES INDUCED BY ESTOERIC AND EROTIC STIMULI

GENGHIS KAHN, M.D., PETER BENT ROSE, M.D.,
AND PARIS DARKFIELD, M.D.

NUMEROUS renowned Hahnemanniacs and visiting speakers (Fig. 1) have noted that over the past several years there has been an alarming association between force-feeding of Core III material and sleep apnea. This unusual finding was first noted to occur during Monday lectures, even when supplemented by Dr. Melchiode's visual aids. Following a gut feeling, Dr. Darkfield (Fig. 2) consulted Dr. Kahn back at the ranch (Fig. 3), as well as the hirsute Dr. P.B. Rose (Fig. 8) to conduct a study which would establish the validity of a most bizarre and inconclusive hypothesis: That sleep apnea could be produced by esoteric and erotic stimuli.

Figure 1.

Figure 4.

Figure 2. Hello, P.B.?

Figure 3. Meanwhile Back at the Ranch.

METHODS

The study group (Fig. 4) consisted of 187 derelicts who were selected without regard to age, sex, race, or place of residence. The only consistent observation was permanent decerebration, predominantly acquired during the course of Core II. The subjects were divided using random tables so that one half of them could serve as controls.

Special precautions were taken to instill the greatest possible bias into the interviews (Fig. 5), examiners, and participants. This was absolutely necessary to ensure that the experimental results bore out the initial hypothesis.

The esoteric trivia rapid infusion test was the primary investigative procedure used in the study. Seven hundred and fifty milli-equivalents of trivia were rapidly infused by I.V. push through copper tubing connected to a nine guage scalp needle penetrating the middle meningeal artery (Fig. 6). Precautionary measures were taken to avoid irreversible supratentorial decompensation, a common toxicity which is not dose related.

Records and specimens were identified using an outdated Philadelphia Inquirer cryptogram, interpretable by only one member of the research team (Fig. 7). In this manner, any experimental results not conforming to the preconceived hypothesis could be strategically redistributed.

Due to the perfect Gaussian distribution of the results, the team was totally confused as to which type of systematic analysis to use, and finally decided on the student ZZZzzz test (Fig. 8).

RESULTS

It was found that greater than 99.99 percent of the non-control participants positively responded with sleep apnea to the rapid infusion test. One of the more interesting findings was that even though the control group showed no signs of sleep apnea during the presentations, upon leaving lecture hall B, the onset of symptoms were both exceedingly rapid and devastating. This form was so debilitating that these subjects were frequently unable to recover in time for class the following day. This was a particularly important finding since some members of the research team had initially attributed the occasional paucity in attendance to student preference of tennis over the Core III learing experience (See Figs. 9-14).

Figure 8. The Student What Test?

Figure 5.

Figure 7. I know We Can Break The Code.

Figure 9.

Figure 10.

Figure 11.

Figure 12.

Figure 13.

Figure 14.

DISCUSSION

As with other nosocomial disease processes, this entity can best be discussed with respect to its natural history. The progression of events are a follows:

Prodrome

The prodromal stage is characterized by near capacity attendances in lecture and mean attention spans of greater than 45 seconds. Associated signs and symptoms include rapid onset of nausea, followed by transient hyperstimulation progressing to the dissociated state. (See Fig. 15-24).

Figure 15.

Figure 16.

Figure 17.

Figure 18.

Figure 19.

Figure 20.

Figure 22.

Figure 21.

Figure 23.

Figure 24.

Figure 25.

Figure 26.

Figure 27.

Disease

The disease state is manifested by deep somnolence lasting from 50 minutes to 5 days with interjections of short apneic periods. Bradycardia, gastric atony and loss of arousability are predominant findings. (See Fig. 25-35).

Figure 28.

Figure 29.

Figure 30.

Figure 31.

Figure 32.

Figure 33.

Figure 34.

Figure 35.

Treatment and Recovery

The treatment for this disorder is strict avoidance of lectures for an indeterminant amount of time supplemented by high potency note service suppositories every Tuesday and Friday. It is especially important that recovering students returning to lectures for the first time block all afferent sensory signals when exposed to slides scarcely legible from the front row which contain over 50 items, and are shown for less than 10 seconds, as instant relapse might be evoked. The recovery phase is clinically characterized by an insatiable thirst for non-stop drugs, sex, and rock'n roll. This is followed by a return to normalcy within one week. (See pictures following).

Conclusion

In contusion, our brilliant minds have been able to prove beyond the shadow of a platelet that sleep apnea is indisputably caused by esoteric and erotic stimuli. It is the intention of this team to further investigate the effect of continued trivia infusion in the Core IV student in an effort to uncover and document the full spectrum of this highly dreaded disease: Sleep apnea induced by esoteric and erotic stimuli.

MEDICAL PROGRESS

EFFECTS OF *Hahnemannia educanus:* A PROSPECTIVE STUDY

HARRY PHLANGE

THE Class of 1980 is pleased to announce the completion of Preparation H, the long awaited and critically acclaimed four year prospective analysis of the effects of *Hahnemannia educanus.* This study demonstrates the uniqueness and distinction of the Hahnemann educational experience and sets forth those qualities which set Hahnemann apart from other medical schools, although not necessarily above them. These conclusions are supported by sophisticated statistical manipulations such as Chi-square, Hardy-Weinberg theorm, F ratios and frequency despite Dr. William Weiss' monumental efforts to confuse the author's understanding of them.

ORIENTATION

The approximately 200 students who enrolled in the Class of 1980 were selected from some 5000 applicants and represented an impressive sampling of graduates (Fig. 1). They were selected from some of the most prestigious colleges in the country, including the Big Three - Harvard, Hopkins, and Wilkes.

Figure 3. Student Health - Tine or Tetracycline?

Students were assembled in the luxurious Fake Lobby for a two day stress test and were randomly organized according to

Figure 1. Neil "the Torch" Lattin, John "Chain-saw" Koblenzer, "Baby Face" Mayo-Smith, "Fast Eddie" Opass, Victor "Candy Man" Risch, Joe "Alfalfa" Reilly, "The Odd Squad" and Kenny "the Enforcer" Son.

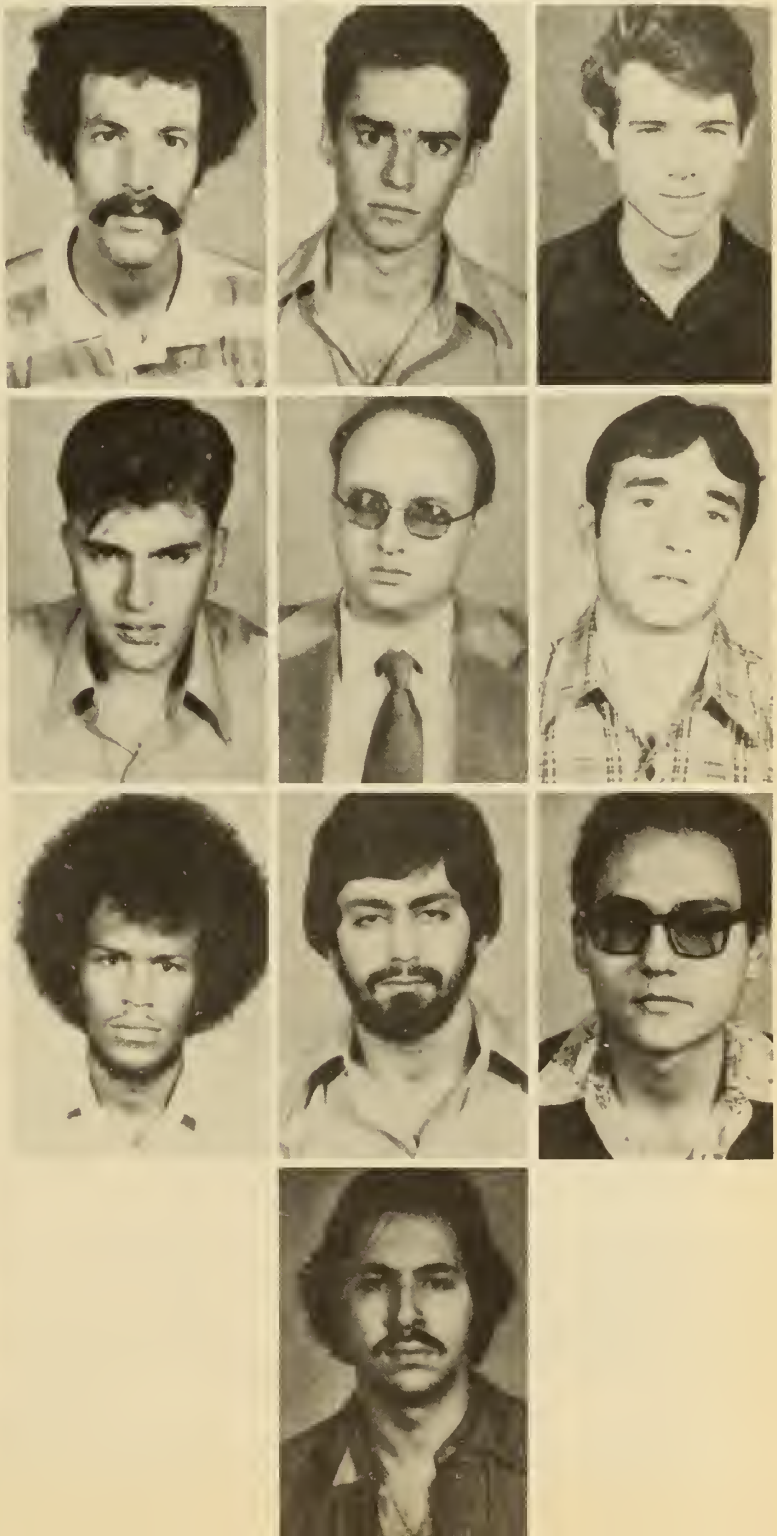


Figure 7. Maybe She'll Notice Me Now.

Figure 5. the Conversation-Suppression Test.

Figure 4. Sticking It To Us The First Time

alphabetical placement, a grouping which was continued throughout the four year experiment. Photographs were taken of each individual to assess the effects of the aging process (Fig. 2). A tine-test (Figs. 3,4), VDRL, and a test meal for fecal fat content (Fig. 5) were performed to help assess the students' physical endurance. The biochemistry pre-test was used to check the degree of mental confusion in each individual; the MMPI (Minnisota Multiphasic Personality Inventory) (Fig. 6), to evaluate perversion.

Participants were subjected to extensive verbal monologues of the Bennett-DiPalma-Shober-Amenta-Devlin-type in an attempt to induce attentiveness throughout the group; however, intermittent restlessness and somnolence resulted instead. Dr. Amenta warned the participants of their replacability; that there were others "banging on the doors" waiting to get into the study. In the evenings, the students were subject to group socialization sessions where some individuals developed unexpected side effects (Fig. 7). All subjects withstood the two-day trial of abuse and were granted a free weekend before commencing Core I of our four-core experiment.

Figure 6. Why Do They Always Drag My Mother Into It?

Figure 9. Anti-Angstadt Convalescent Titer.

CORE I

The subjects, eager and enthusiastic, entered Geary Auditorium early September for the start of the study. Comfortable chairs, poor lighting and a transitory microphone system were used to assess the functional capacity of each student's reticular activating system (Fig. 8).

Initially all participants adapted to the various stresses imposed on them; Dr. Amenta's lectures of non-substance, Dr. Reike's confusion symposiums, Dr. DePace's dirty jokes and Dr. Aycock's honey and grits accent. The students' first and tenth cranial nerves were tested and formalin-fixed using the Gross Anatomy Dissector Lab Technique. Dr. Angstadt taught energy metabolism pathways faster than their reaction rates, inducing vertigo in the students (Fig. 9). Dr. Devlin simplified acid-base balance and simplified the overcrowding problem while Dr. Chi's bilingual lectures (biochemistry in Chinese and jokes in English) demonstrated the versatility of Broca's area 45.

As midterms approached, the subjects exhibited various autonomic symptoms (irritable bowel, tachycardia, diaphoresis and blurred vision) which were unrelieved by Dr. Baggot's nutritional lecture program. Researchers attributed these effects to the administration of Anatomy, Biochemistry and Histology midterms in one dose. These symptoms dissipated in one to five days after midterms, only to recur in a similar manner the week after Thanksgiving with the administration of finals.

The second semester started immediately; however, most of the students manifested an acute rejection reaction which prevented them from attending. Some participants received long term therapy in Florida, but eager to continue with the study, wrote back to classmates: SEND NOTES. Those who stayed were afflicted with sexual fantasies (Fig. 10), cephalgia (Fig. 11), kyphosis (Fig. 12) and myasthenia gravis (Fig. 13) while attempting to absorb the noxious stimuli (Figs. 14, 15).

Figure 10. I wish they were out to here.

Figure 13. I get ten pages per mg. of Tensilon.

Figure 8.

Figure 11.

Figure 12. Myopic Pseudo-Kyphosis.

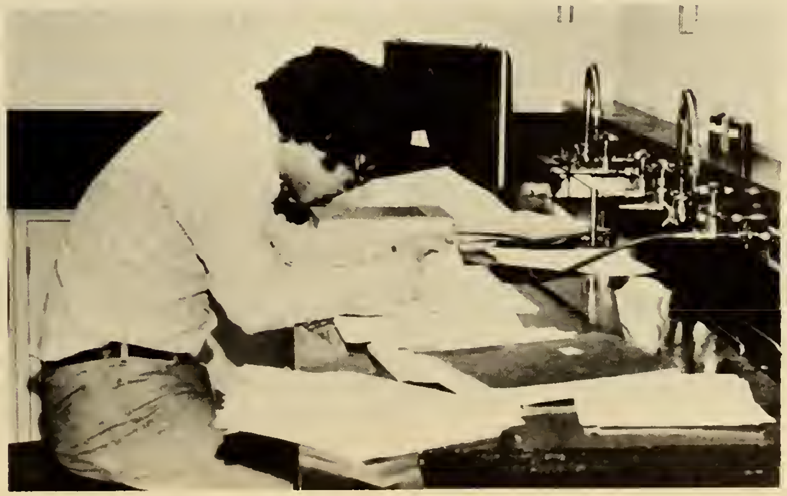


Figure 17. Who Called My Hog a Date?

Figure 14.

Figure 18.

THINK
SEX
EAT
SEE

Figure 16. Atrophied in der Student. Hypertrophied in der Tall Cardiologist.

A few students attempted to emulate their professors, some with an almost pathological perfection (Fig. 16). Dr. Kowai, a Goldfinger look-alike, had the effect of a fire drill on the lecture hall inhabitants, while Dr. Katz confined the participants during a fire. A vacillating insecurity was induced by Dr. Levy's Little Robbins-Big Robbins discertation.

The subjects also were infused with a physiologic solution extracted from Dr. Angelokas's "minkeys", Dr. Torres's "hahrts", Dr. Kalia's flying pigeons, Dr. Ambromovage's gut preparation, and Dr. Ponessa's collecting ducks. Some individuals exhibited severe dermatological changes as a result (Fig. 17).

Figure 15

Figure 21

Figure 19. Mellons.

Figure 20

Again, autonomic symptoms developed in numerous subjects prior to the administration of finals, but were relieved with the posting of the passing grades (Fig. 29).

Prior to the unofficial start of the third semester (three weeks before midterms), the subjects participated in a rigorous physical exertion program under the guise of a picnic. Students trained in football, volleyball, softball, frisbee (Fig. 18) and watermelon bobbing (Fig. 19). Others were roasted over hot coals (Fig. 20), a practice repeated several days later (Fig. 21).

The third semester, known as the "Bugs and Drugs" phase, subjected the students to various laboratory procedures. Cultures grown on Bondi-Landau media, a special media known to grow any type of organism, were innoculated into the volunteers (Fig. 22). Also, the dose effect of DiGregorio, Chernick, Calesnick, Ciaccio, Ferko and Barbieri was monitored (Fig. 23) and found to induce diuresis in some individuals (Fig. 24). Some subjects were sacrificed for further analysis of this bizarre water losing effect (Fig. 25).

As the third semester neared an end, many subjects exhibited other side effects. Various modalities of treatment were self-administered to mask these symptoms. Some participants turned to drugs (Fig. 26) while others turned to alcohol and plungers (Fig. 27). However, one poor individual continued to spend all his efforts studying (Fig. 28). At this point the experiment was briefly discontinued for the summer to allow symptoms to clear, except for some select cases.

Participants who returned the following September were noted to have developed generalized hyperpigmentation and a well-rested appearance. This rapidly faded after high-dose suppositories of pathology and neuroscience administered via a six-week extension. Again side effects, although more limited in nature, appeared prior to the fourth course of finals, but quickly dissipated at the post-test beer party. The subjects were allowed a weekend to prepare for the administration of Core II.

Figure 22. My culture grows best on Thayer-Martin

Figure 24. The Lasix Shuffle.

Figure 25. Oops ... No more meow.

Figure 26.

Figure 23.

Figure 27.

Figure 29. a, c, e, ...

Figure 28. Then, the sperm and the egg ...

CORE II

New variables were introduced in this year of the study. A change in environment provided a chance to observe our student group in a more individualized situation. The security of anonymity in a large group was no longer available to the student. The entire class was randomized into carefully sized groupings, small enough to create a healthy sense of vulnerability, but sufficiently large to provide an ample supply of insecure neophytes for an enthusiastic attending to masticate. These rotations were then administered in a five-way randomized crossover fashion.

In this setting the students were taught the art of self-humiliation. Various stimuli could readily be presented to the groups while they were closely observed for responses. And respond they did, in ways ranging from the tritely appropriate to the outrageiously absurd. Their tolerance was exercised to the maximum. Desk drawers and door knobs were subtly placed throughout the hospital for the purpose of catching some unsuspecting student's stethoscope. They struggled to hide their ineptness as they attempted to pick up their stethoscopes without dropping the entire contents of their pockets.

Those members of the study fortunate enough to begin their trials with psychiatry were given the chance to warm up gradually (Fig. 30). Here, through the exquisite lectures on "Personality and Psychopathology" the subjects learned the characteristics for the making of a good medical student (Fig. 31).

Not all were as fortunate. Those in other rotations, finding themselves in a "sink or swim" learning situation rapidly became aware of how hard it is to swim with 10 pounds of diagnostic equipment in one's pockets.

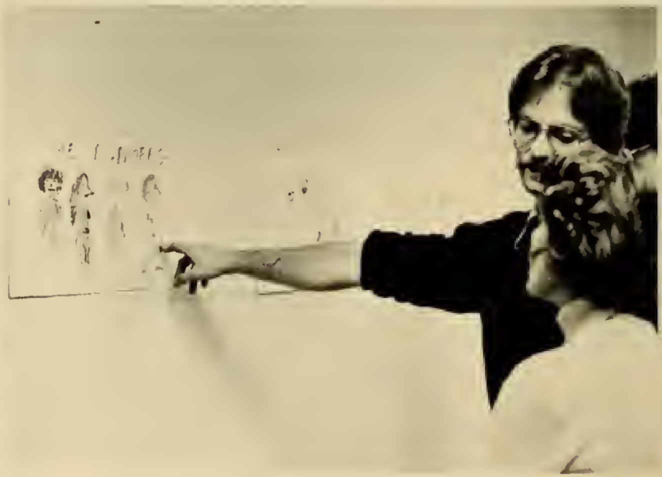
Participants were also subjected to the terrors of Jerry Kaplan. The students were taught to present case histories in a logical fashion. Rarely did one get past the opening phrase, "This is the first HMCH admission . . . " before Dr. Kaplan stopped the presentation to correct the orator (Fig. 32). Many believed they were transplanted back into time, reliving the days of Core I as they were asked to recite the glycolytic pathway, including all the enzymes, and to recall the intracranial travels of the cranial nerves (Fig. 33). Those who survived moved on to other learning tasks; some took unexpected vacations to recover from respiratory tract infections and *Shigella* enteritis contracted from the innocent pediatric population.

Figure 30. Grope Therapy.

Figure 33. Never use the words "short stature" around you-know-who.

Figure 32. All I said was "short stature".

Figure 31. This is before my shock therapy.



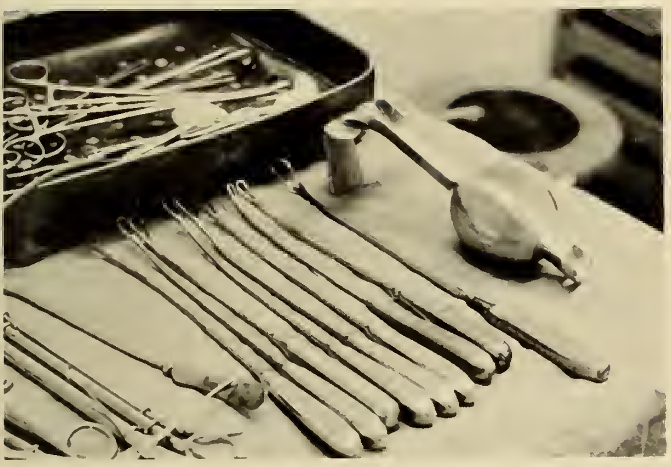


Figure 34. Ultimate Contraception.

Figure 38.

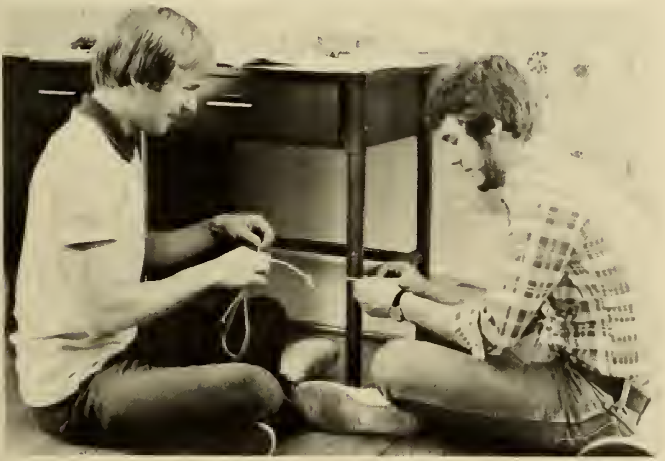


Figure 35. Just Like Picking Tomatoes.

Obstetrics and gynecology was one rotation which most students enjoyed. Through the teachings of the infamous Dr. MacFadyen they learned the intricacies of pessaries and that PID is in the differential diagnosis for any symptom. Dr. Kotwal, leading stockholder in the American Trojan Company, enlightened the aseptic students' minds to the use of contraceptive devices (Fig. 34). Mannequins served as teaching aids for the practicing of pelvic and breast examinations, which most students surprisingly quickly grasped as if they had performed these maneuvers thousands of times (Fig. 35). Anxiety levels were maintained, however, in anticipation of that first delivery and of suddenly reducing an Apgar from 10 to 4 by a poor catch (Fig. 36).

Surgery was administered in a double dose. Neurotoxic infusions of wit, happenings at the Mayo, and correspondence law were administered via a Perlman Double Bore Tube. Telepathic ability was challenged through the too short/too long suture cutting procedure (Fig. 37). The Romberg test with eyes opened and closed was performed after long hours of the students holding retractors, as well as recording their deltoid fasciculations with EMG studies. Proprioception was evaluated during square knot tying sessions (Fig. 38) while visual acuity was tested during general operating procedures (Fig. 39). Contamination was discouraged in the OR by threatened removal of the offending part (Fig. 40). Cerebellar dysfunction was observed at 6 AM morning rounds (Fig. 41), but enough vestibular function remained to enable the student to scrawl the abbreviated surgical progress notes.

Figure 36. "Then the stork ... "

Figure 41. Cerebral Dysfunction.

Figure 37. Too Short.

The most rigorous series of tests were administered in Medicine, six weeks at Hahnemann and six weeks at an affiliate. The Hahnemann course appeared to be most devastating for the students. On-call was administered as a sleep-deprivation study (Fig. 42). The students were challenged to start IV's and draw bloods from invisible veins at 3 AM (Figs. 43, 44). Terror was induced by a page from the ER (Fig. 45) as it meant a three hour history and physical. Survival through the night was rewarded by a Hahnemann cafeteria breakfast (Fig. 46).

Following early morning medicine lecture videotapes were "Rounds", a modern form of whipping and marksmanship. The group of roundsmen would assemble in the hall (Fig. 47) prior to their quest for zebras. The student's history and physical would be scrutinized for length and shot down with pointed arrows (Fig. 48). Questions would be directed at the unsuspecting and unknowledgable (Fig. 49) while medical pearls would be flung from afar. The student was expected to regurgitate all lab values

Figure 39. Seldom Seen View.

Figure 45. "The Pit."

Figure 43. I'll tape it good this time.

Figure 42. Used But Once.

Figure 40. Sunday Bonnet.

Figure 44. Sophomore Scut.

BAD
MEANS
BUCK
AY !!

Figure 46. More Effective Than Mag Citrate.

Figure 47. Crest Test — 78.

on his patient (Fig. 50) all the while being unaware that such values were useless. Occasionally, the group would see patients (Fig. 51). Often, after rounds, a student was observed to withdraw with his favorite possessions into quiet seclusion (Fig. 52). The experimentors, realizing the rigors of this rotation, provided weekly group psychiatric consults (Fig. 53). However, little could be done to calm the participants' fear of the upcoming Medicine Orals (Fig. 54). Again, autonomic dysfunction was noted prior to these rectally administered orals, as testing was done in the style of the Grand Inquisition, two examiners versus one subject (Fig. 55). Most tolerated the procedure well.

Before completing the last 12 weeks of the Core II study, the students celebrated the coming of Core III with drink and food. A living monument was erected in rememberance of the physical and mental rigors which they had endured (Fig. 56).

A day and a half was allowed the students prior to the induction of Core III.

Figure 48.

Figure 53.

Figure 49.

Figure 52. On-call Rooms — 1979-80.

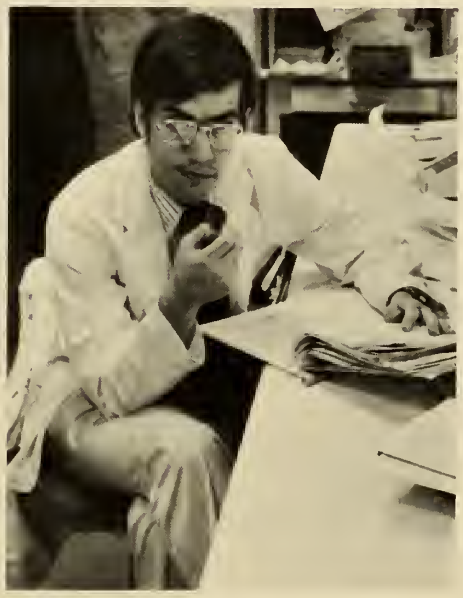


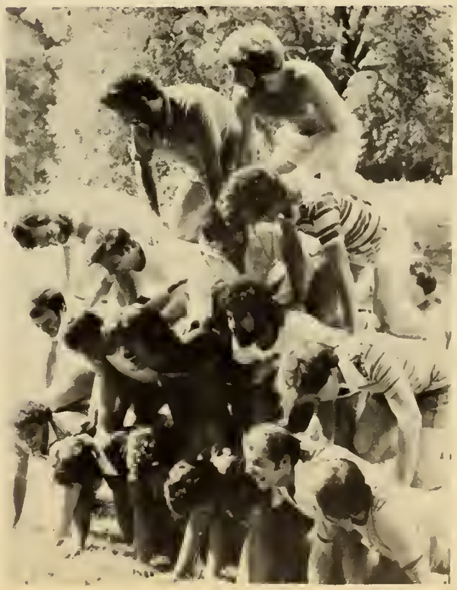
Figure 50. This patient's on our service?

Figure 55. The half-life of albumen?

Figure 51.

Figure 54. Not Another IV.

Figure 56.



Core III.

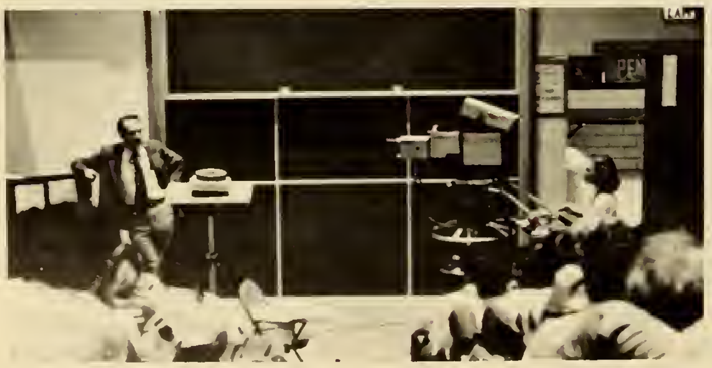
With the passing of the half-way point in the studies, observers began to note a uniform change in the study group. No longer was there an atmosphere of hesitancy that was so prominent in the earlier parts of the study. These people were becoming veterans. The pressures of the study were lessened.

Participants were confined to a small area for half a day (Fig. 57) where they were subjected to various noxious stimuli and monitered extensively (Fig. 58). Procedures introduced to the participants consisted of marrow biopsies by the hematologic associates of Brodsky and Kahn, pituitary ablation by Dr. Rose, bronchial brushings by Dr. Johnson, the Heimlich Maneuver performed by Dr. Shinnick (Fig. 59), induction of cardiac asystole by Dr. Carver, spinal tap by Dr. Mancall, kidney biopsy by Dr. Chinitz and Dr. Schwartz (Swartz), proctoscopy by Dr. Clearfield, and neoplasia transplant by Dr. Kahn. Aspirin was prophylactically administered by Drs. Chernick, DiGregorio, and Zarro to diminish side effects. Infectious Disease disseminated a virus using the note service as a vector (Fig. 60), and Dr. Weiss reponded to the invasion with an epidemiologic study. Some participants reluctantly received genetic counseling and statistical manipulation.

The students' responses to these insults were varied. A few regularly confined themselves to the lecture hall and remained attentive (Figs. 61, 62). Others found more interesting things behind themselves (Figs. 63, 64) or to the side (Fig. 65). The stimulation was intense (Fig. 66) and few could contain their enthusiasm (figs. 67, 68).

Figure 57. "Next we'll try it in a Volkswagon."

Figure 58. "I'm so great, I'm even on television."



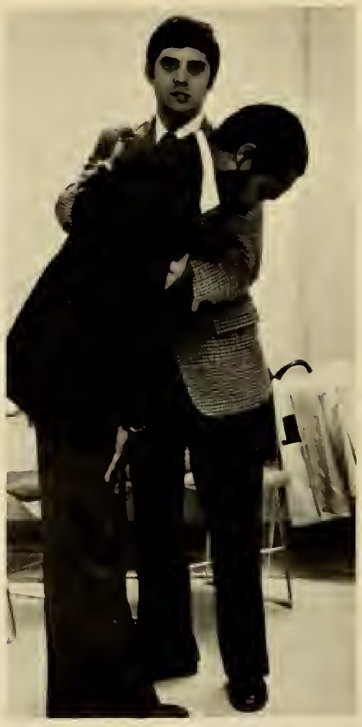
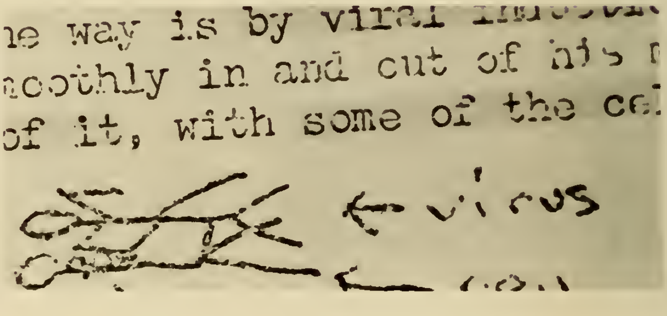


Figure 59. Buurrrp ...



e way is by viral
oothly in and out of his
of it, with some of the

Figure 60. "Do you smoke after induction?"

Figure 61. "Gee Dudley I don't know, let's go home."

Figure 62. "No shit, Dr. Bennett's right!"

Figure 66.

Figure 64. "Get your spitwads ready, Sharma's lecturing next."

Figure 63. "What, you think cardiology's exciting?"

Figure 65. "Move fella!"

Figure 67. "Give me a four letter word that means . . ."

Figure 68. Another Brezin casualty.

Figure 69. "Great, all these notes, now I have something to do Friday night."

Figure 70. "Yeah the movie's better than the book."

RETURNS POLICY

Figure 71. "Great, Oriental massage for only 1,000 yen."

Some sought additional stimulation through notes (Fig. 69), books (Fig. 70), and the current literature (Fig. 71). Several developed self-destructive tendencies (Fig. 72) and epileptic fits (Fig. 73). A number of participants sought relief through travel (Figs. 74, 75, 76).

One frequently seen side effect was a strong tendency to fulfill oral gratification needs between sessions of stimulation (Figs. 77, 78, 79, 80, 81).

Most subjects interviewed felt relatively relaxed throughout this Core. This was attributed to the incorporation of athletics, as jogging and swimming (Figs. 82, 83), and parties, notably the Christmas and St. Patrick's Day parties (Figs. 84, 85, 86).

Figure 72. A Recker's fracture.

Figure 73. Big Mac attack.

Figure 74. The Hahnemann Beach Boys.

Figure 75. Fed up.

Figure 76.

Figure 77. Combat hypoglycemia.

WEST PHILLY BOYS
WEST PHILLY BOYS
WEST PHILLY BOYS
WEST PHILLY BOYS

Figure 82. The Hahnemann Cheerleaders.

Figure 78. Regurgitation.

Figure 83.

Figure 79. A Pavlovian stimulus.

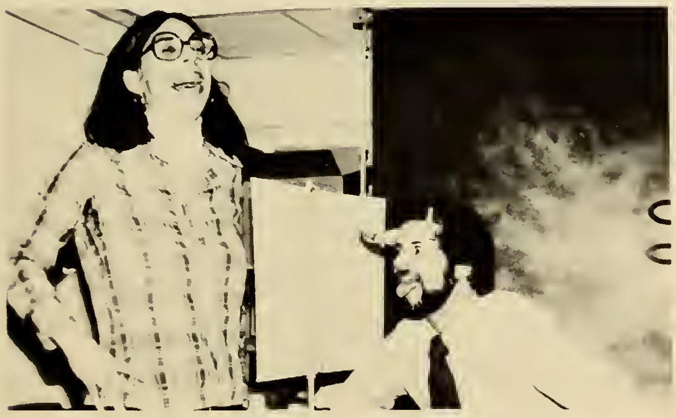
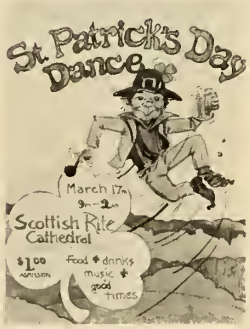


Figure 84.

Figure 85.



St. Patrick's Day Dance

March 17th
9pm–2am
Scottish Rite Cathedral
$1.00 ADMISSION
Food + drinks music + good times

Figure 86. M & M.

Figure 80. "It's my turn."

Figure 81. Munch.

Figure 87. "Is it B and C, A, 1 and 2, all of the above?"

Figure 88. "How did you spend night call?"

Figure 89. "Mom, what are you doing here!"

Figure 90. "Epidemiology sucks."

Figure 91. Report to the Dean!"

The air of relaxation was interrupted briefly by the periodic administration of final examinations in ritualized settings (Fig. 87). Some participants adopted a laissez-faire attitude about the proceedings (Fig. 88), while others were totally caught unaware (Fig. 89). Post-test reactions included staring at walls (Fig. 90) and standing in lines (Fig. 91).

At the conclusion of Core III, numerous participants found the cerebral desensitization procedures in the student lounge invaluable (Figs. 92, 93, 94). A few eagerly looked forward to Core IV of the experiment (Figs. 95, 96), hoping that this Core would be the one where "everything fell together."

Figure 92. Inducing diuresis.

Figure 95.

Figure 93.

Figure 94. "Some guys have all the fun."

Figure 96. "up yours!"

Core IV.

The participants, many having just finished the rigors of National Boards Part I, were returned to the floors for the conclusion of the four-year study. They were allowed some freedom to decide what treatment modalities they were to receive and where they would be administered. Virtually all participants were once again subjected to "rounds," but they exhibited less anxiety and more knowledge than they did two years previously (Figs. 97 to 109). Attending physicians took a less aggressive approach; after all, the senior student might know the answer.

Figure 97. "I know that's a female."

Figure 98. "Hernias can get this big."

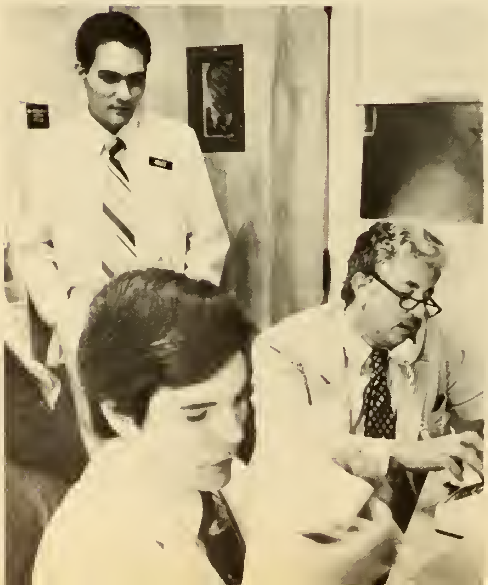


Figure 99.

Figure 100. "You mean I have Alzheimer's?"

Figure 101. "I know more than he does."

Figure 102.

Figure 103. "De patient . . ."

Figure 104. "You think he has vaginismus?"

Figure 107. "Don't listen to Dr. Rose" . . . "Don't listen to Dr. Chinitz."

Figure 108. "What, my FTA is positive?"

Figure 105. "Dr. Oaks, where's your coffee?"

Figure 106. "Colitis can be fun."

Deserve the trust of the patients who depend upon you.

Figure 109. "I don't know, he looks pretty good to me."

Figure 110. "Look at that hematoma!"

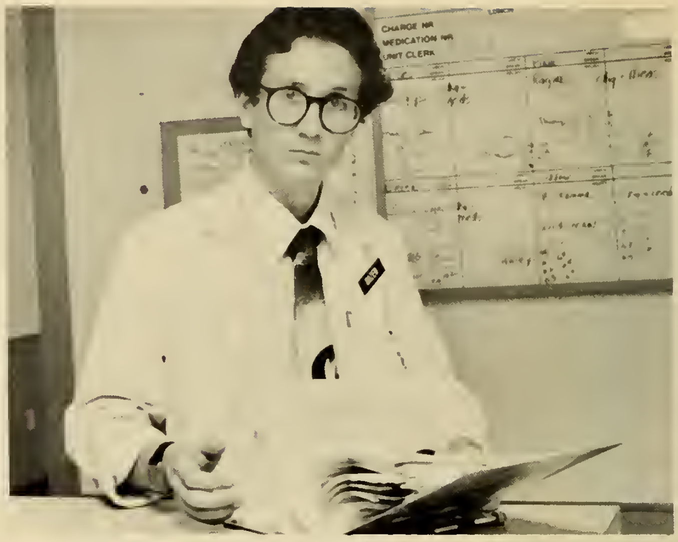


Figure 113. "... but the patient was fine last night ..."

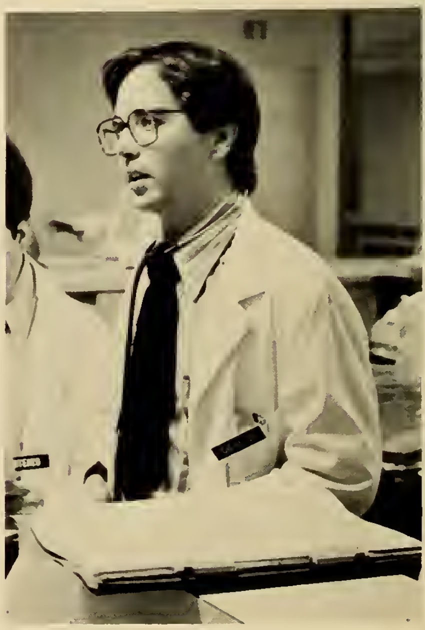
Figure 111. ... heme positive stools under patient's fingernails ...

Figure 114. "It's all shadows to me."

Figure 112. "Only 36 more S.O.A.P. notes to go."

Figure 115. "My place or yours?"

Figure 116. "Well, er ..., let's see ..."



After rounds, students again performed the ritual blood drawing (Fig. 110) and history taking duties (Figs. 111, 112). But, the subjects no longer quavered or dropped their tools. Rather, they became more adept at these skills (Fig. 113) and were actually found teaching others. Added duties included interpreting x-rays (Fig. 114), contacting families (Fig. 115) and presenting case studies (Fig. 116). Some even found being on the floors quite relaxing (Fig. 117) while others made it their home away from home (Fig. 118).

Not all the time was spent in the hospital. Academic quarters were filled with papers, presentations, and interviews. Attempts to intimidate students with threats of failure met with poor results and elicited humorous responses from most.

This was an emotional time for the seniors. The subjects found that their experiences often made them glad (Fig. 119), mad (Fig. 120), and sometimes sad (Fig. 121). However virtually everyone came away with a higher opinion of himself (Fig. 122).

Figure 118. "I've been here three days!"

Figure 117.

Figure 119.

Figure 120. "My Intern's so dumb . . ."

Figure 121. "Another admission?"

Figure 122. "Hahnemann has elevators?"

Not all the seniors' time was spent on the floors. They were often observed to be in the cafeteria (Fig. 123), the vendeteria (Fig. 124), the library (Fig. 125, 126), and the on-call room (Fig. 127). Some were even found walking the streets (Fig. 128).

In an attempt to improve morale, another class picnic was held in late summer. The subjects participated in baseball, volleyball, hat throwing (Fig. 129), beer can tossing (Fig. 130) and ketchup pouring (Fig. 131). A few students took to the grass (Fig. 132) while most practiced their mastication (Figs. 133, 134, 135). Others, contemplating the upcoming interviews prior to their selection of residencies for the Residency Matching Program became catatonic (Fig. 136). However, as the subjects were to later learn, these upcoming interviews were not nearly as arduous as the one required for entrance into this study.

Figure 123. Ah! Dysentery Delight.

Figure 124. It's got my arm.

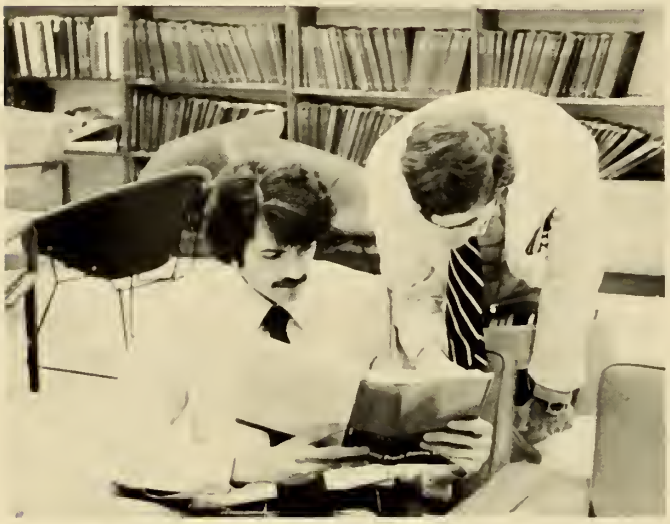


Figure 125. Look at this X-rated X-ray.

Figure 126. Let's see, the Handbook of Questions.

Figure 127. Air-conditioned on-call room.

Figure 128. What legs!

Figure 129. Hats off to you.

Figure 130. I like the large size.

Figure 132.

Figure 133.

Figure 131. Hey! This isn't my beer.

Figure 134. And then I tried Vitamin E.

Figure 135. I can make this disappear.

Figure 136. Hahnemann or the Brigham?

COMMENT

From our preliminary data we must conclude that *H. educanus* has had a beneficial effect on the Class of 1980; however, further research is needed to assess the long term effects of this agent. During the study the participants were noted to have made remarkable progress in attaining competency in the face of adversity. We believe that training approaches utilized in the Hahnemann study to be a suitable, if not sometimes awkward, method to create a quality final product. The subjects in this study are survivors of the finest caliber. Much more than this, it has become evident that these novice physicians are still social beings, are still able to maintain a sense of humor and most importantly are still able to care (See figures this page). They have learned the art of the medicine that they practice.

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SPECIAL ARTICLE

SENIORS, CLASS OF 1980

Abstract Photographs were taken of all seniors graduating from the Class of 1980 to compare with those taken at the start of the *Hahnemannia educanus* prospective study. Differences were noted, but in most cases were found not to be statistically significant. On the following pages the results of this undertaking will be found.

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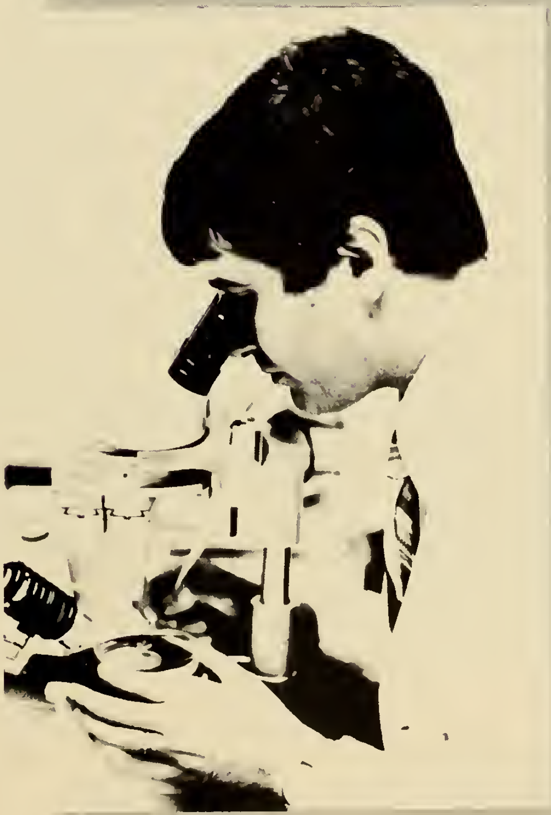

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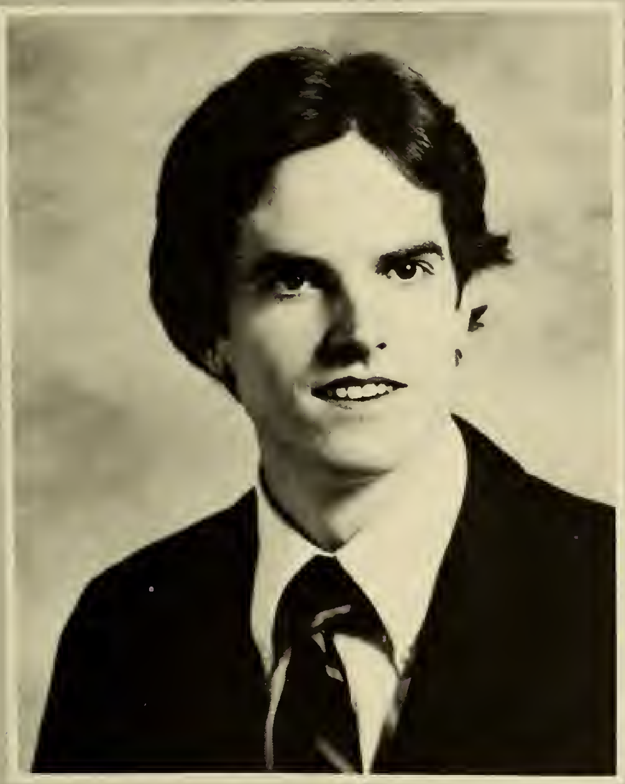

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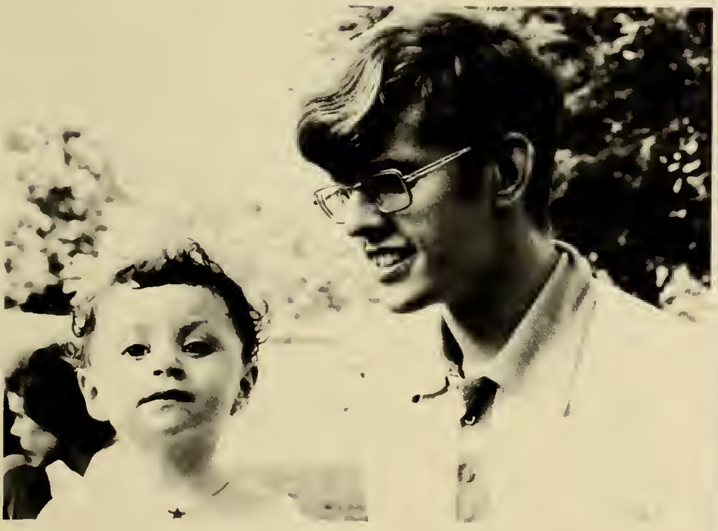

He who finds a wife finds a good thing, and obtains favor from the Lord.
-Proverbs 18:22

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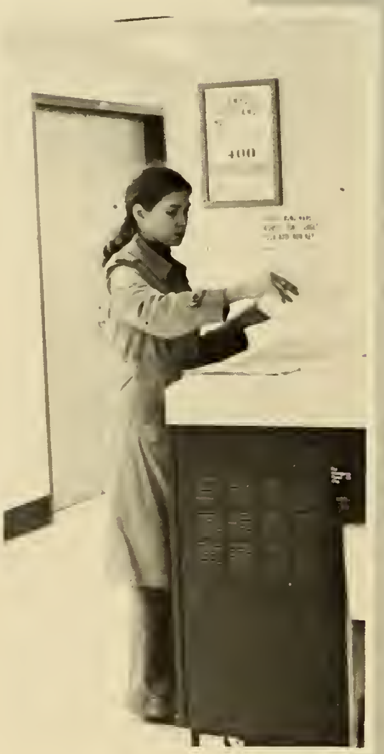

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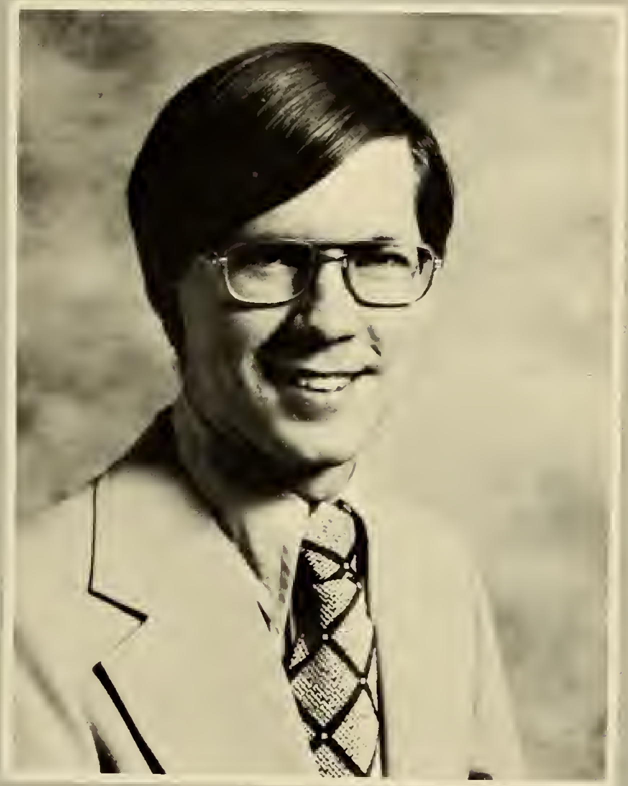
Bracing for lecture.

Bracing for Mt. Rainier.



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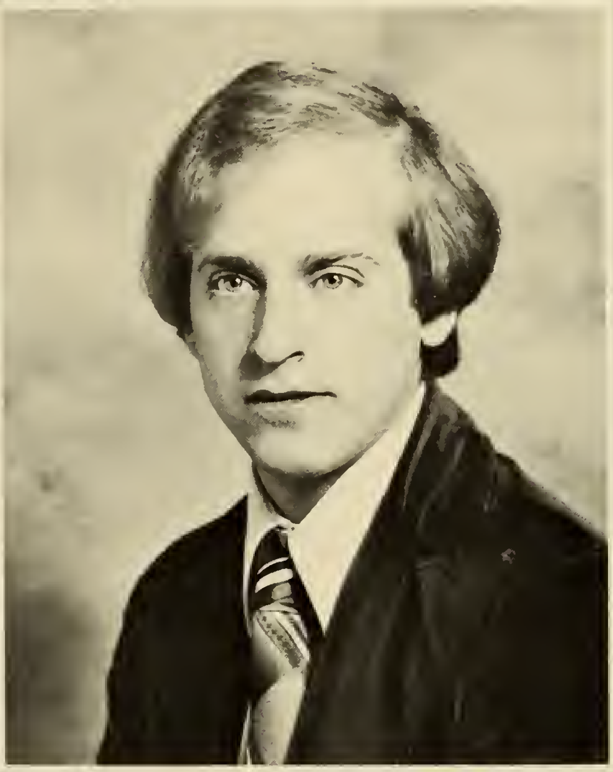

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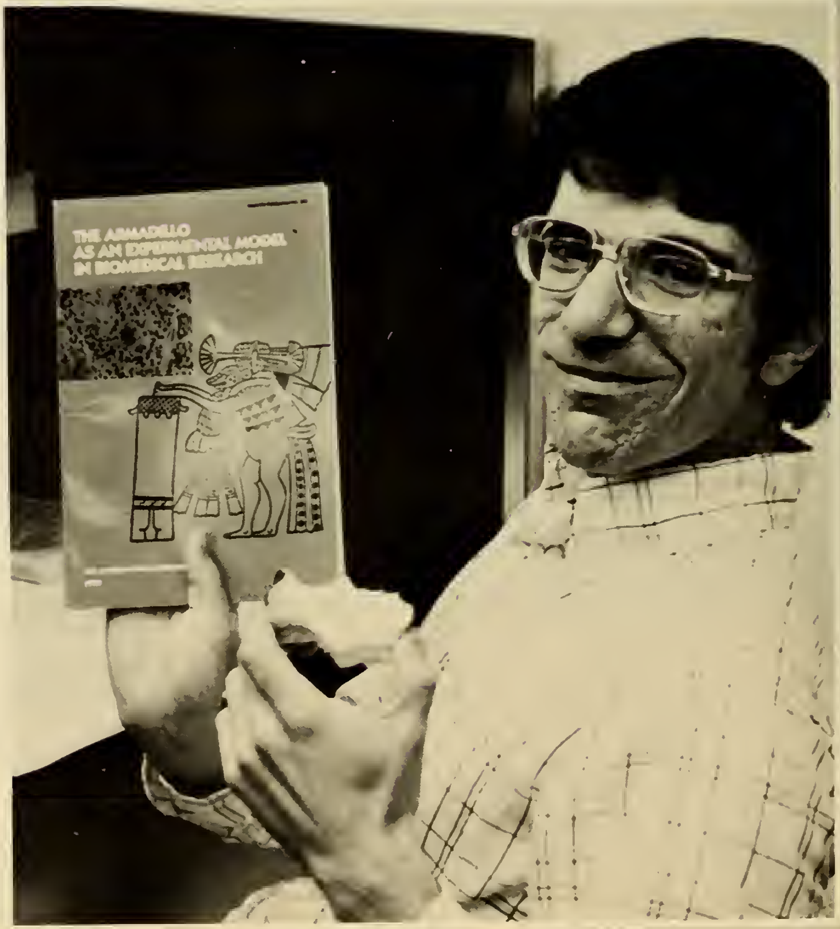
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AS AN EXPERIMENTAL MODEL
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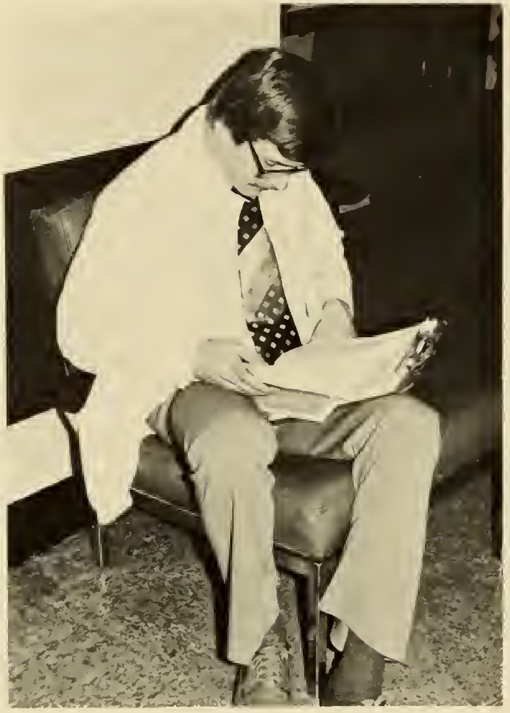

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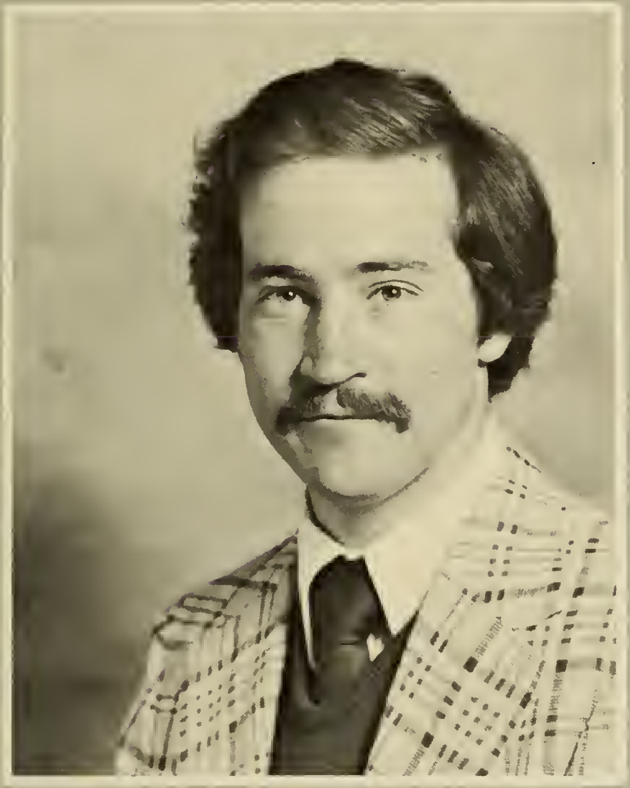

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"On call is how often?"

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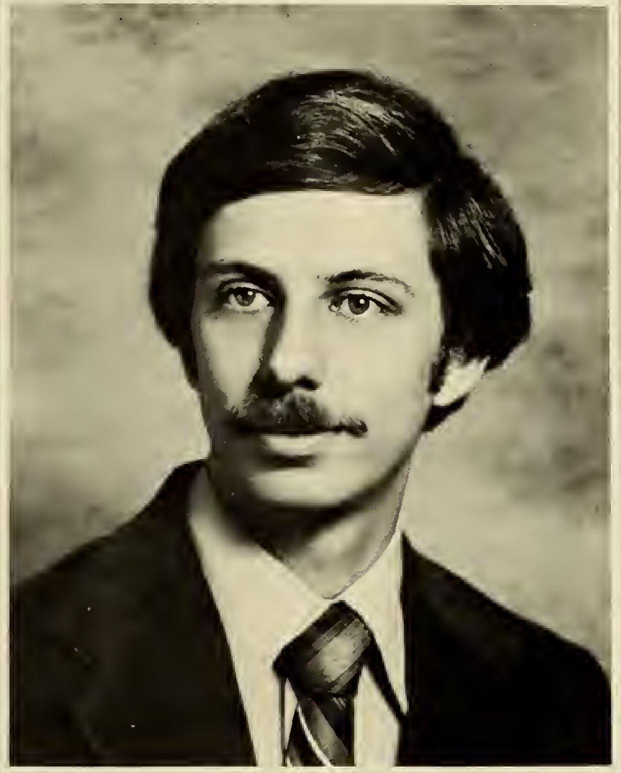

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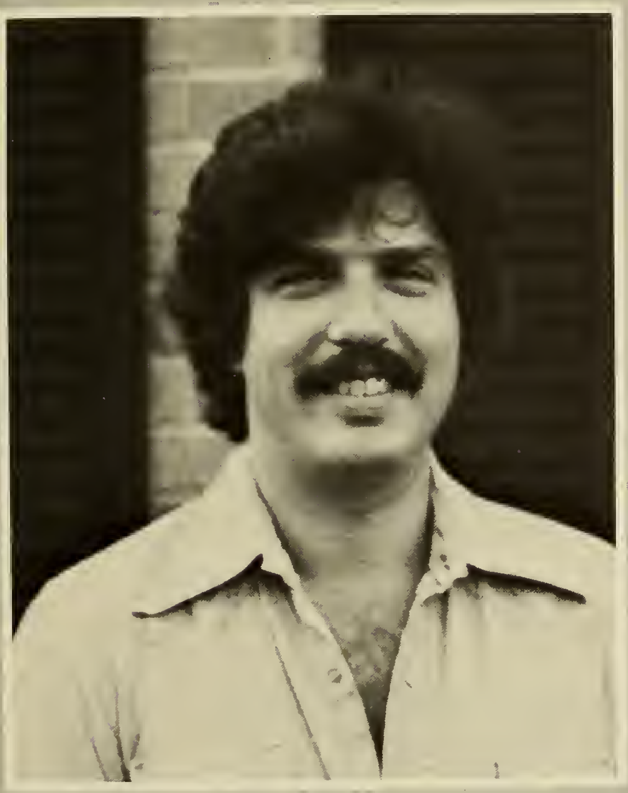

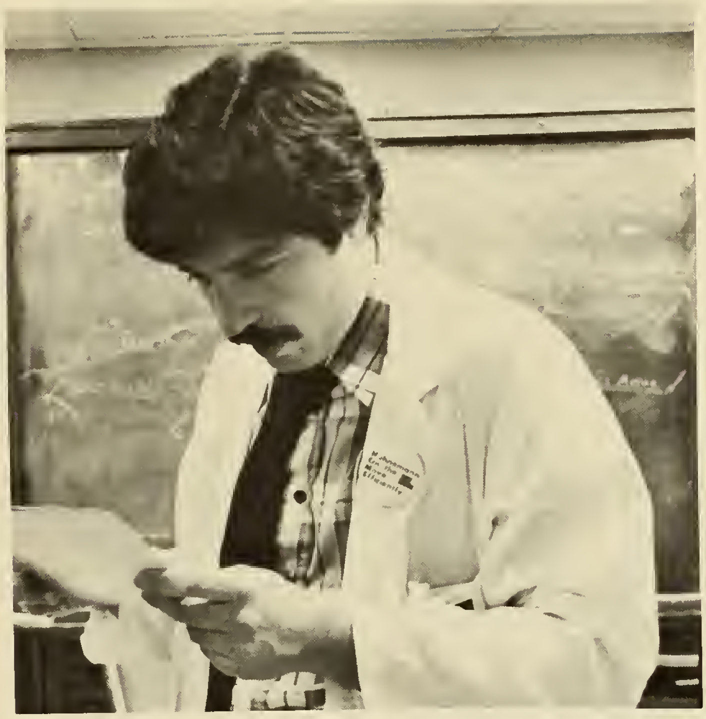

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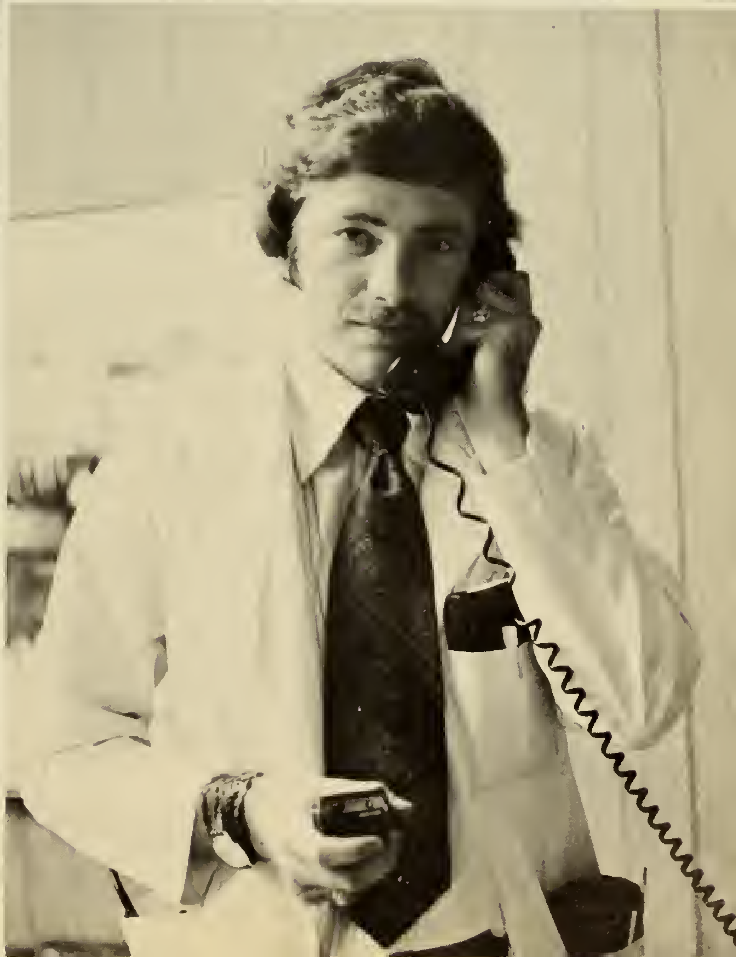

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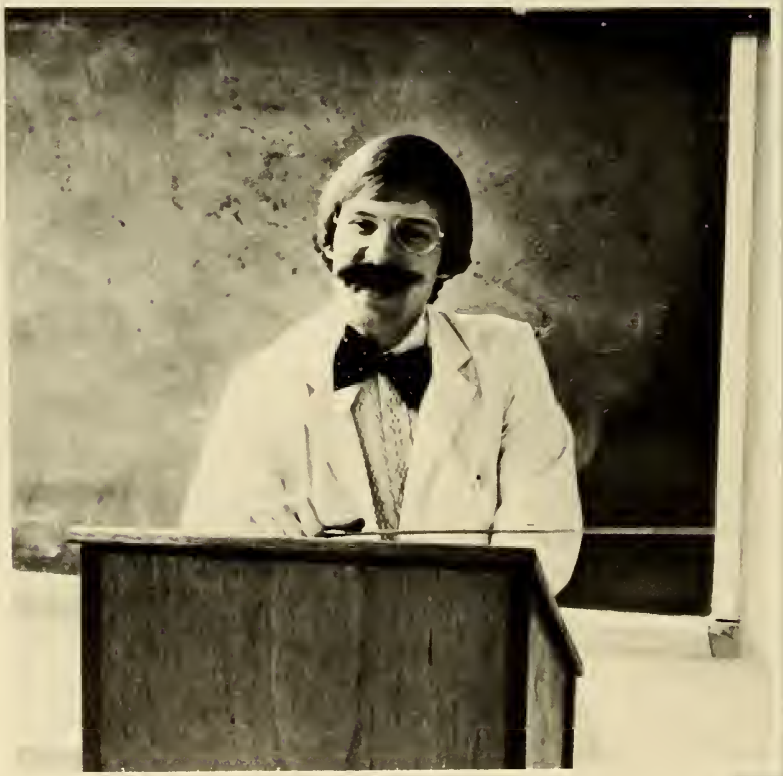

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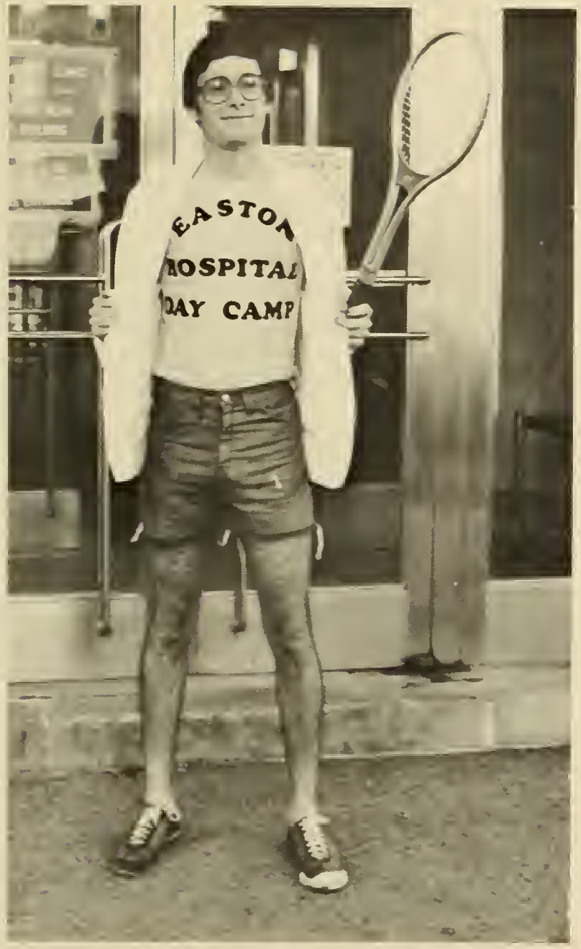
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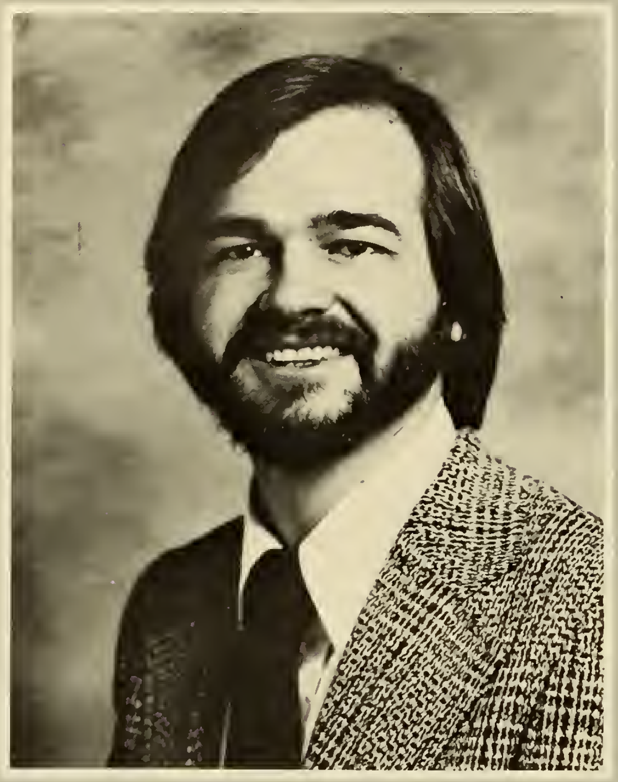

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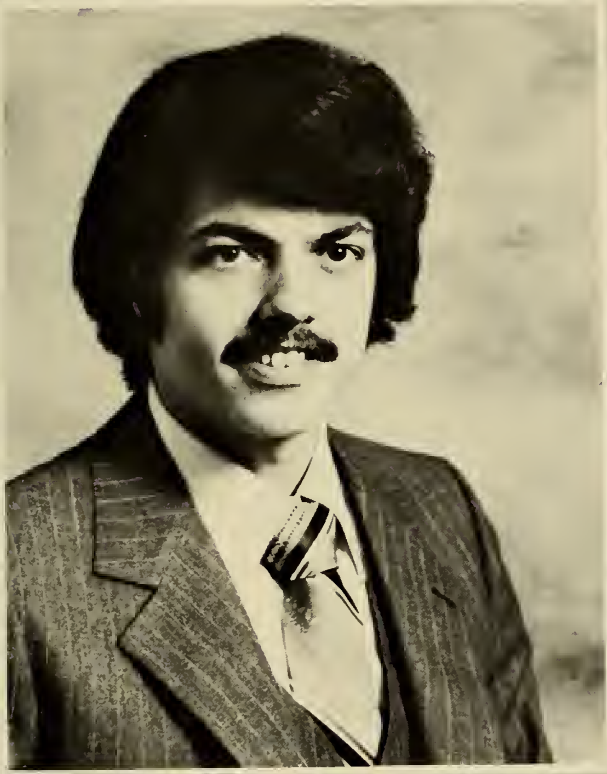

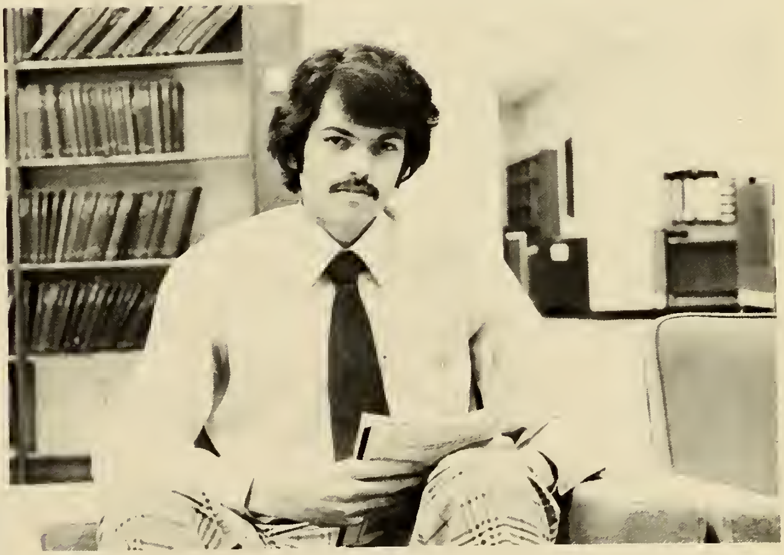

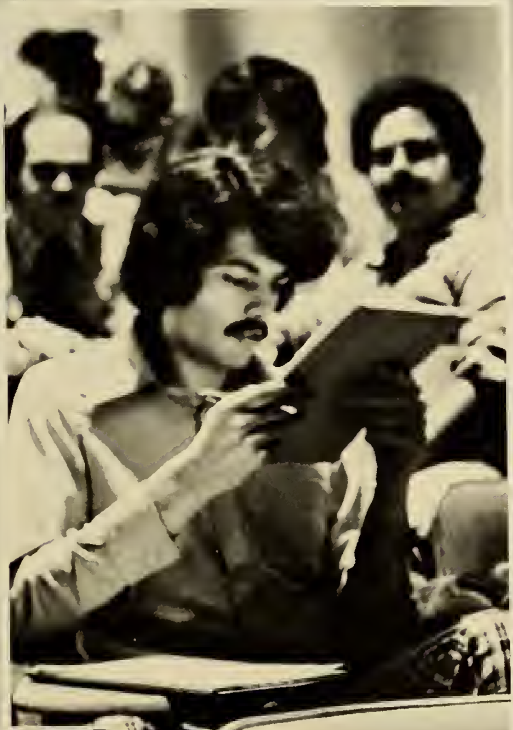

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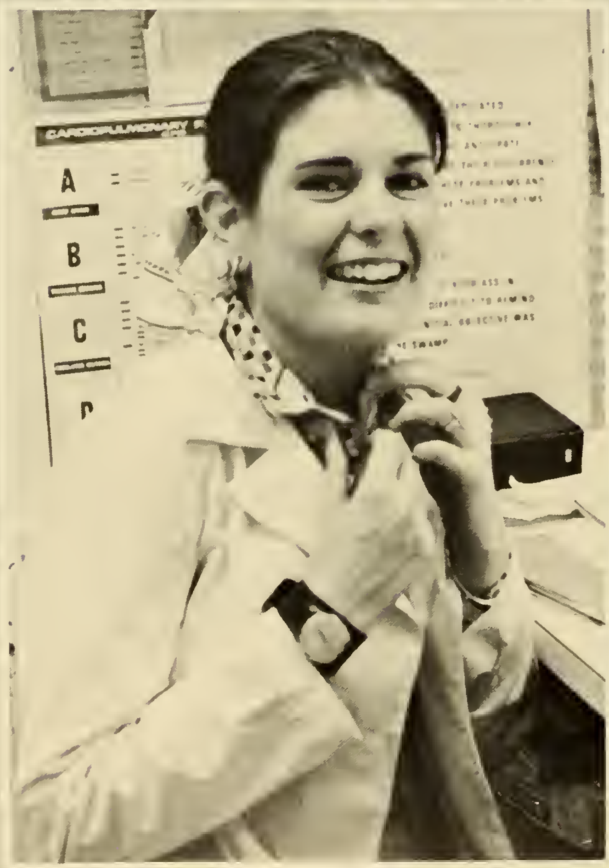
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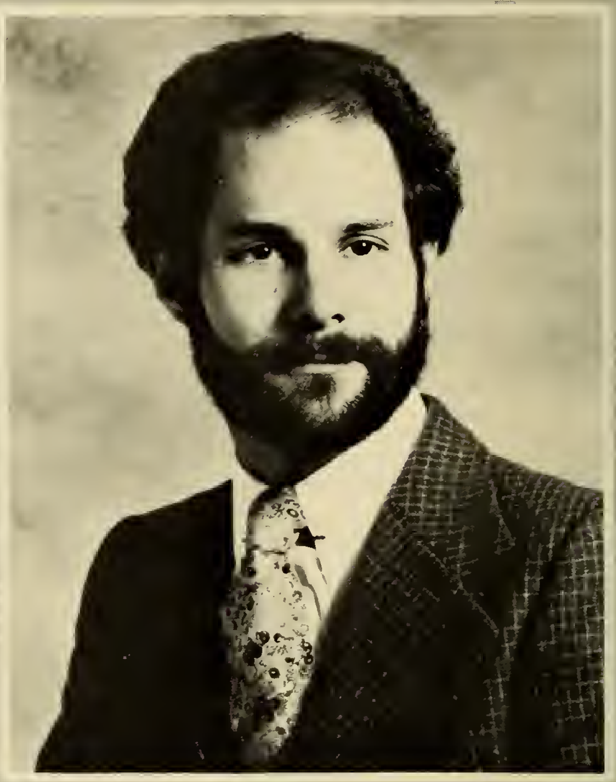

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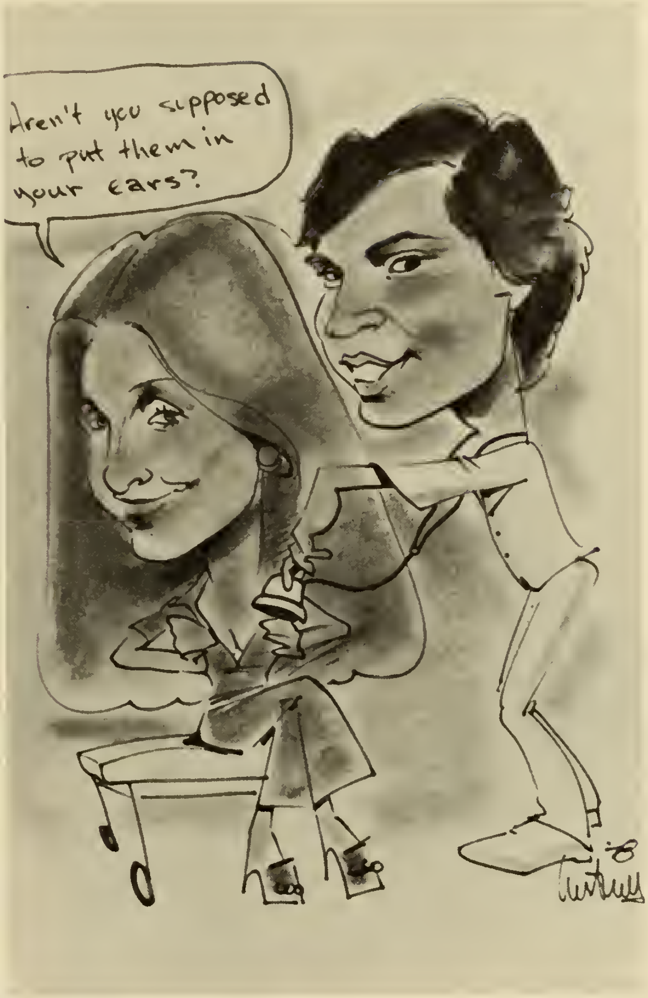
Aren't you supposed to put them in your ears?

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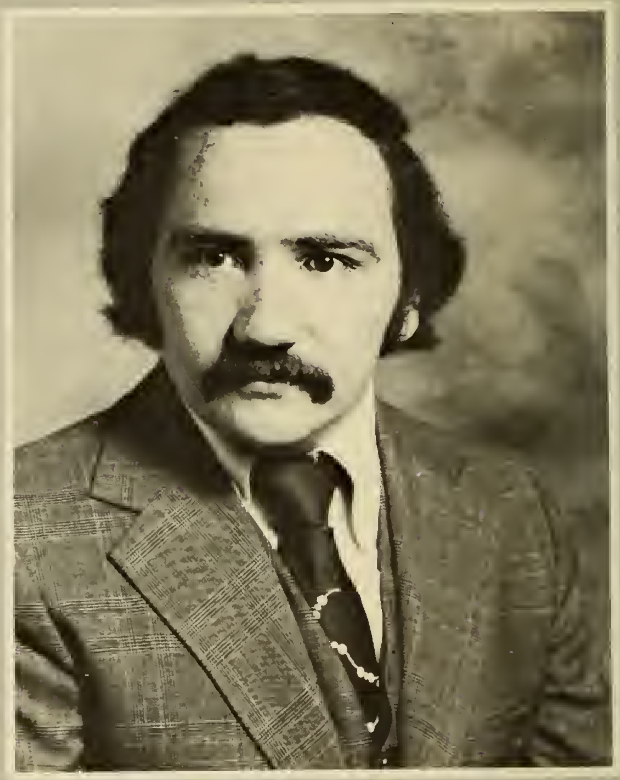

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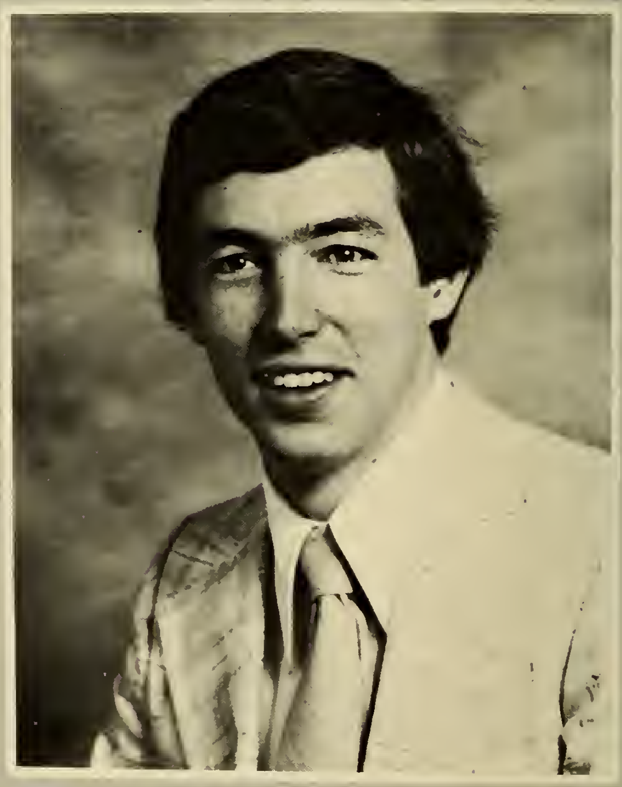

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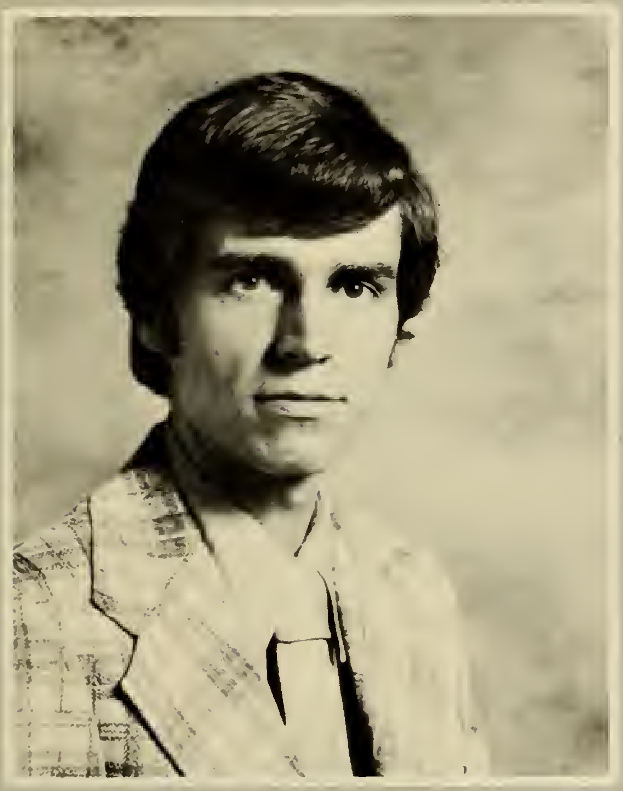

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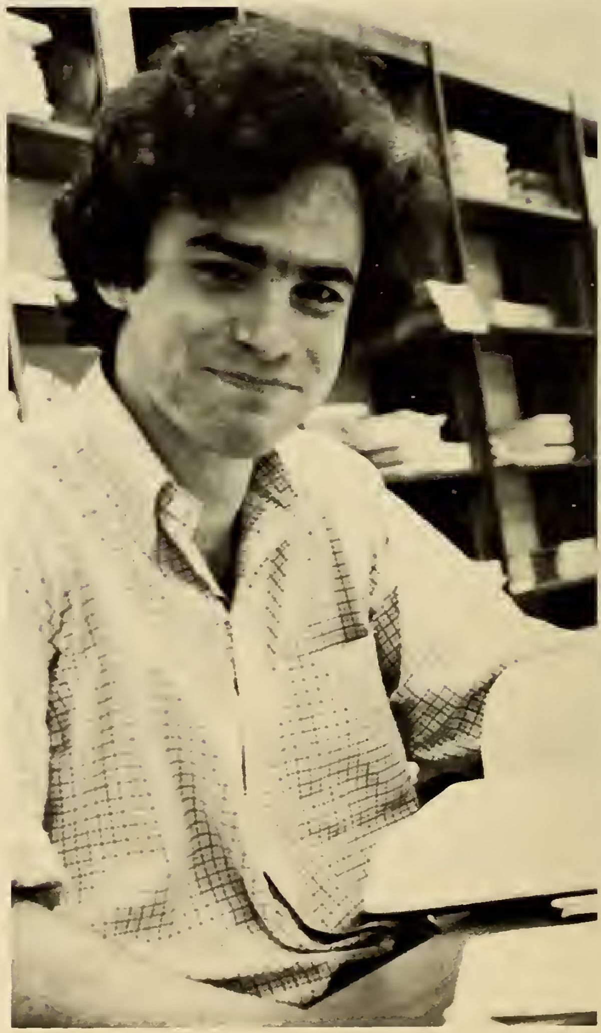

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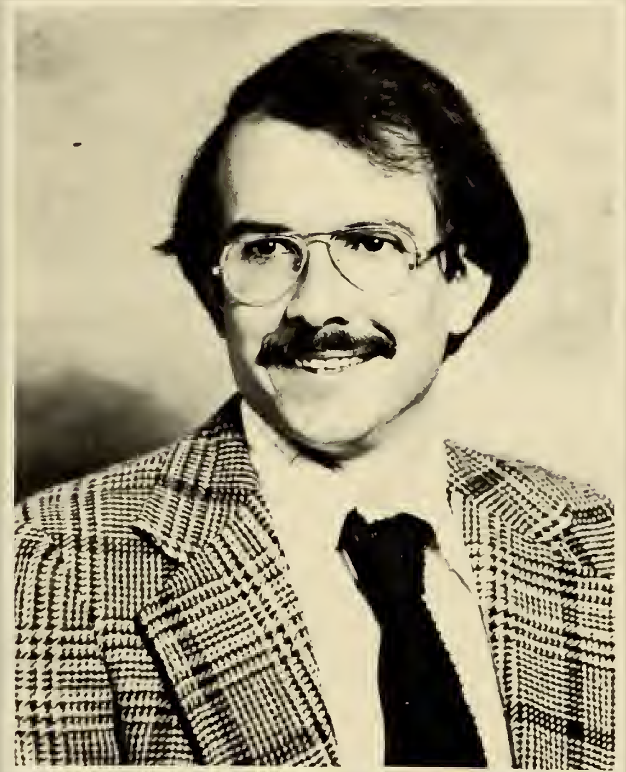

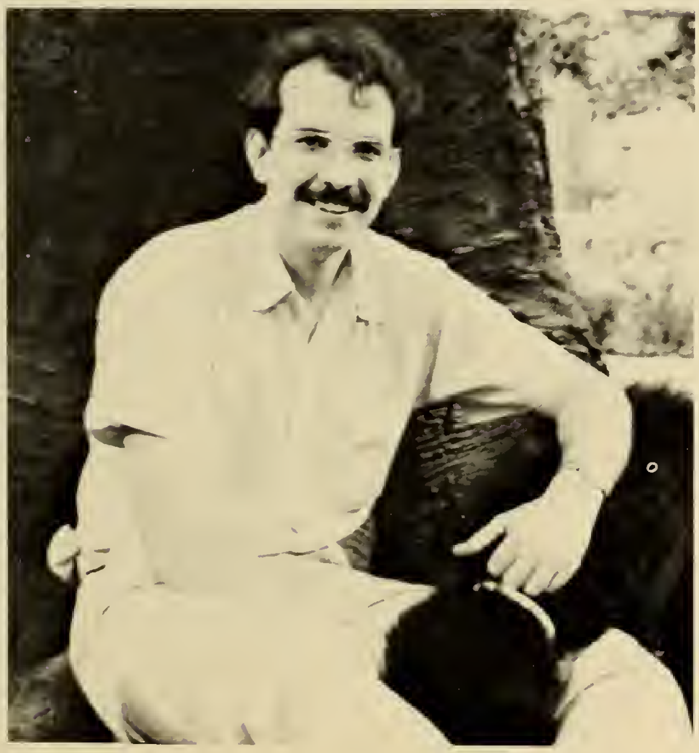

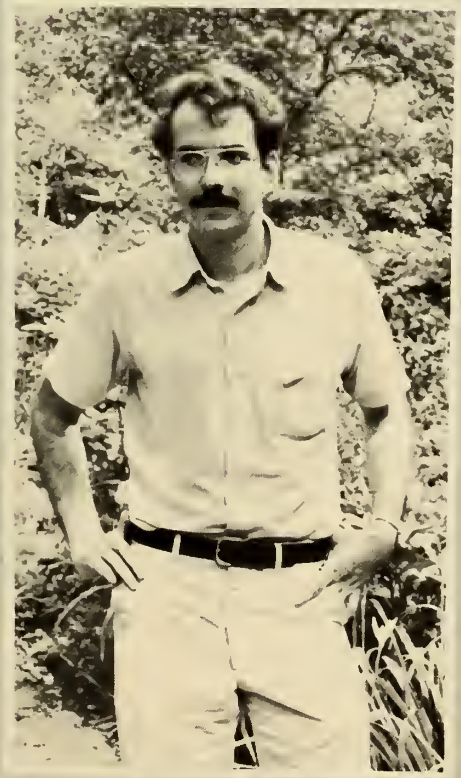

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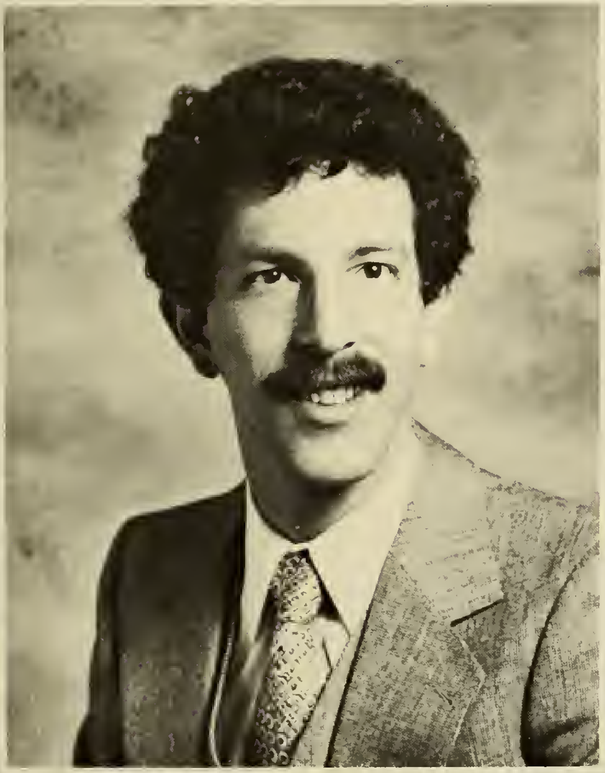

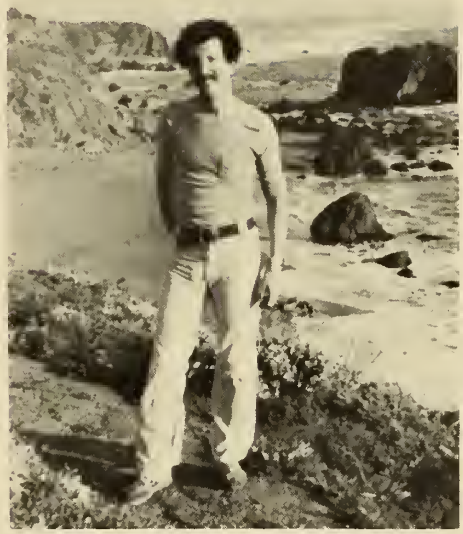

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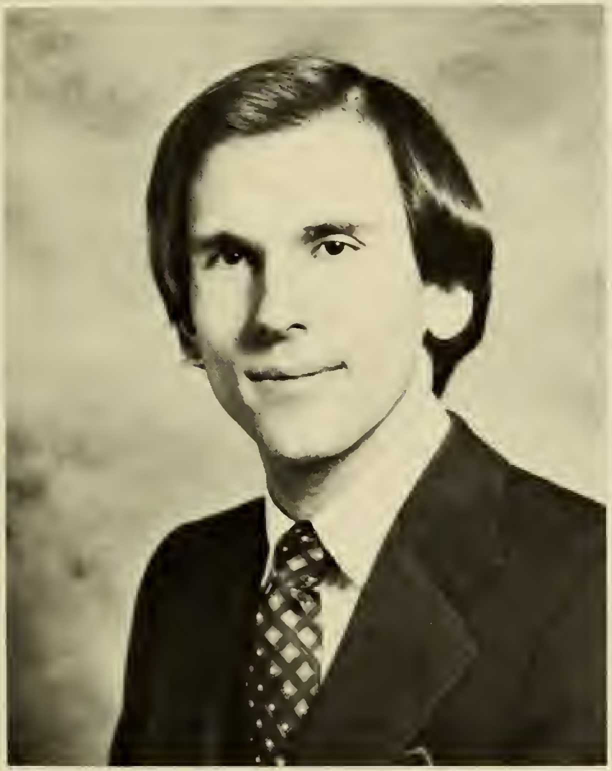

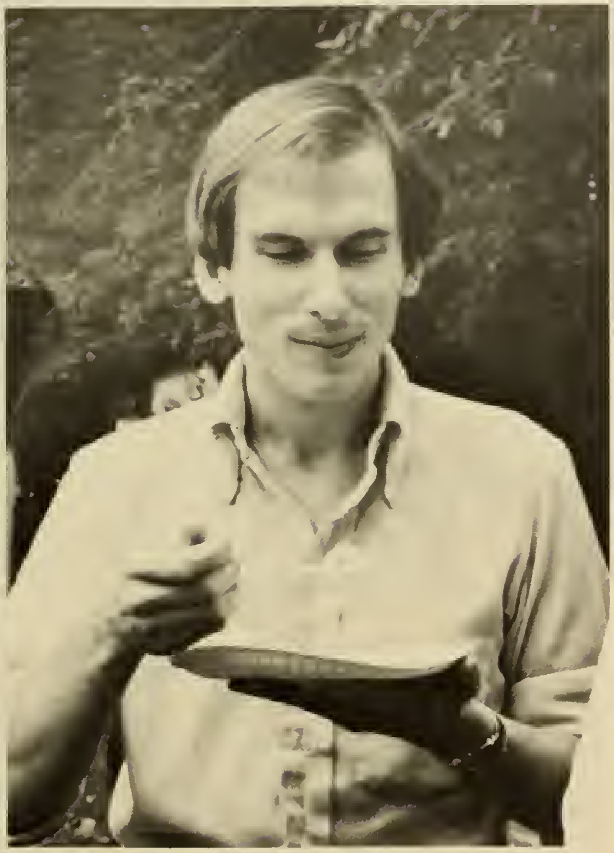

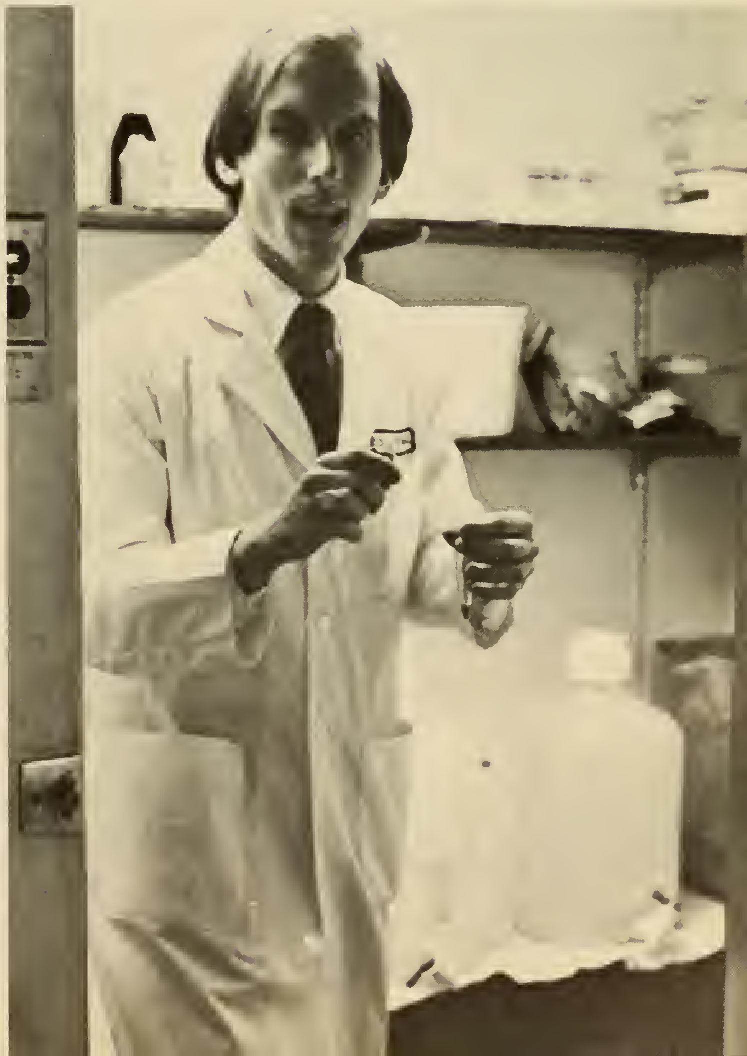

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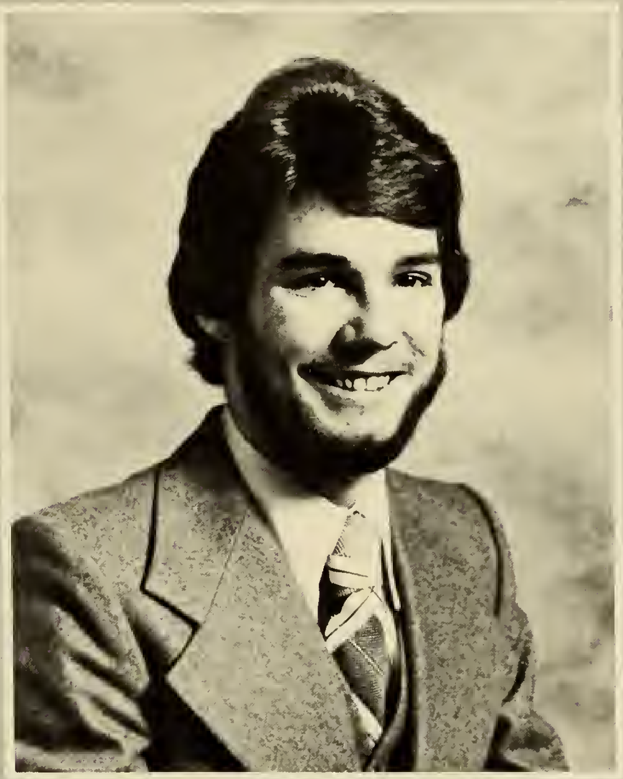

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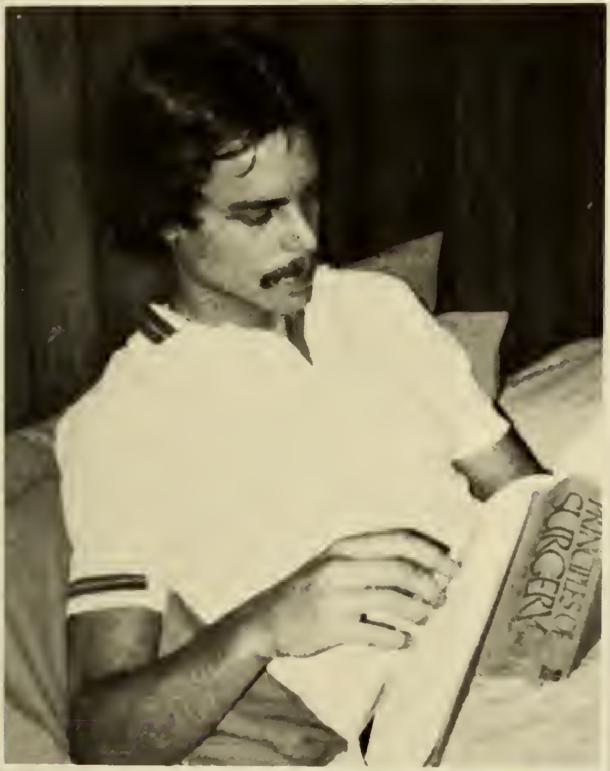
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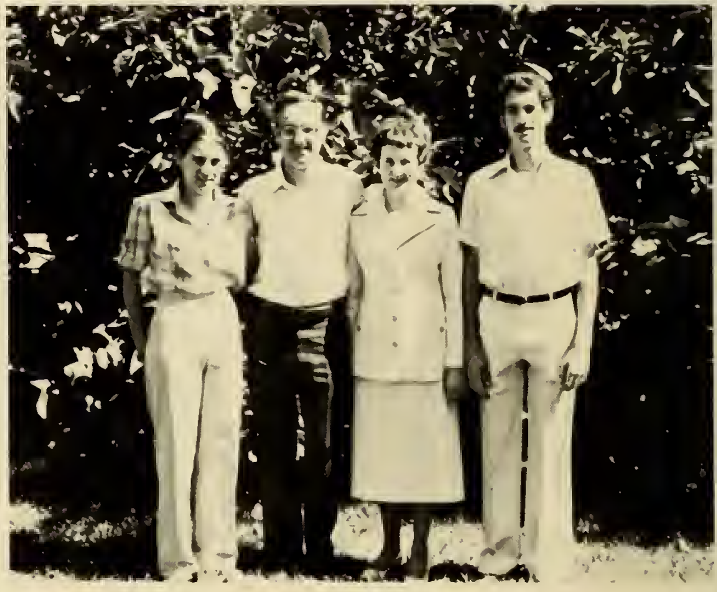

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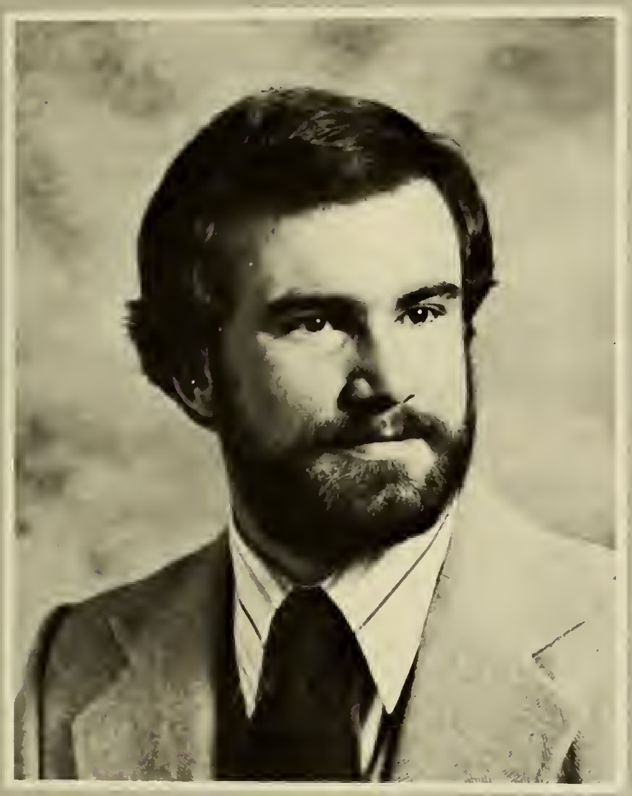

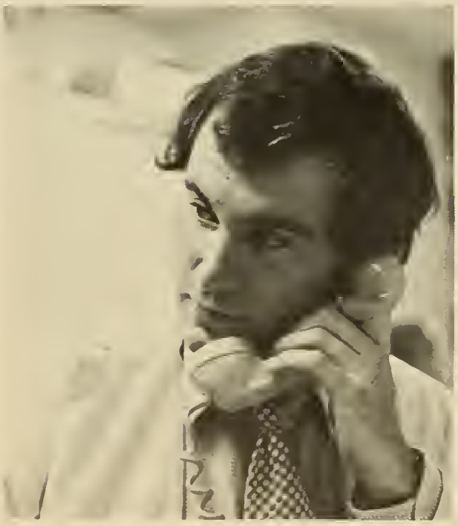

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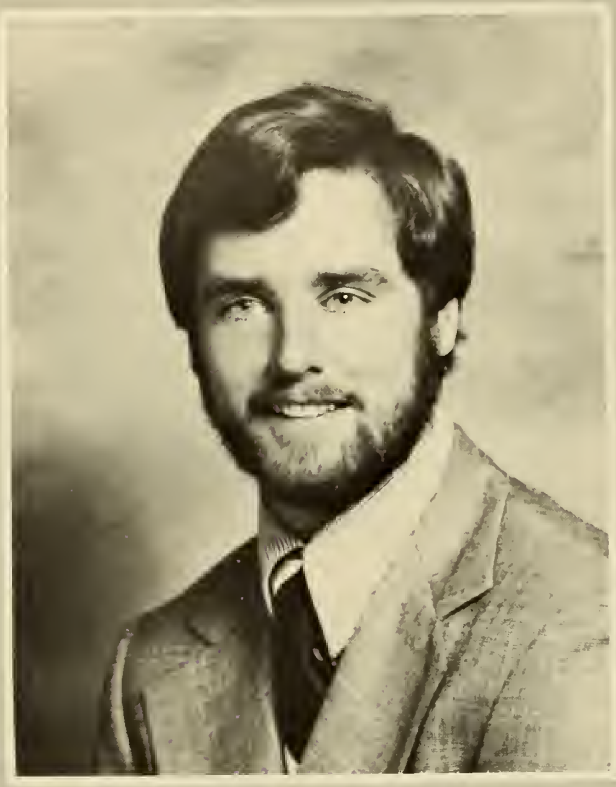

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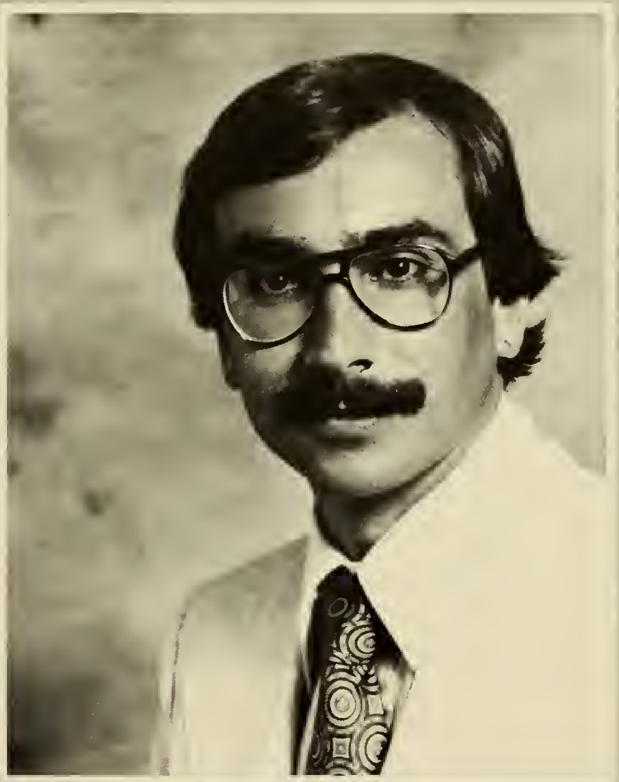

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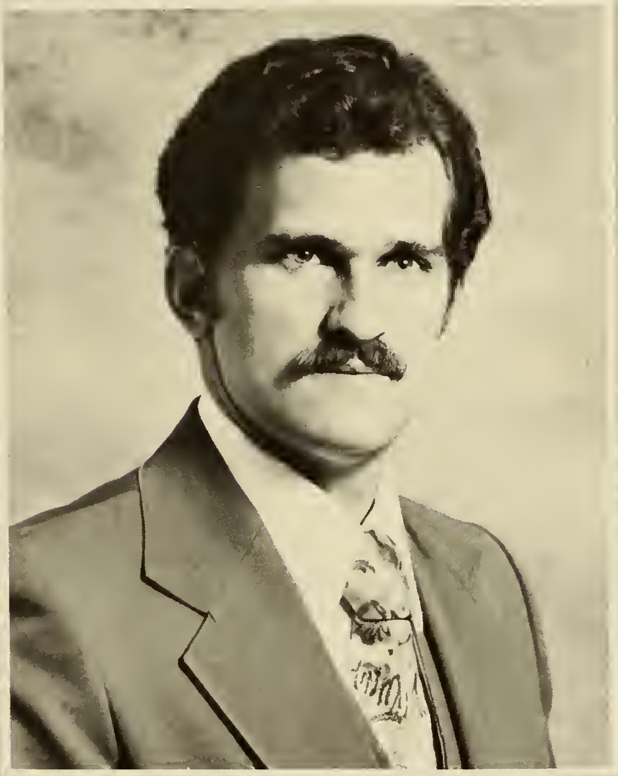

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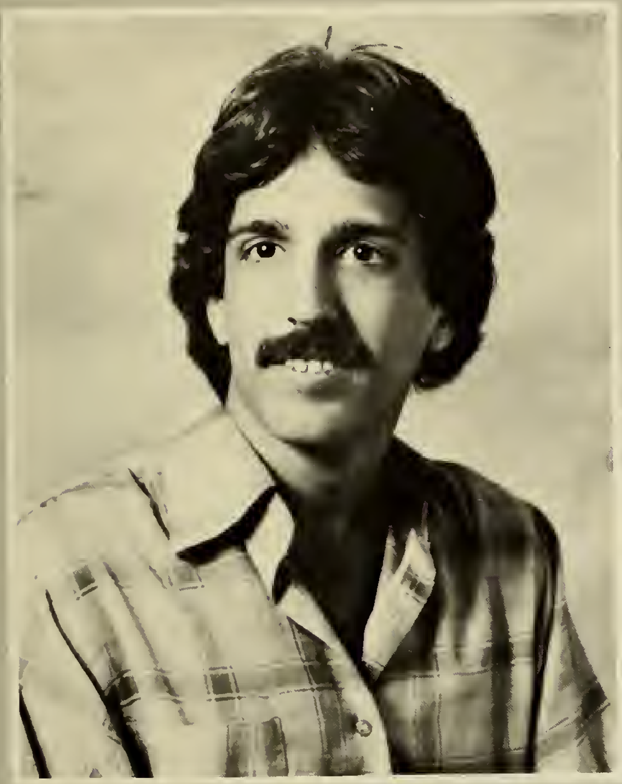

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My Goal

But whatever things were gain to me, those things I have counted as loss for the sake of Christ. More than that, I count all things to be loss in view of the surpassing value of knowing Christ Jesus my Lord, for whom I have suffered the loss of all things, and count them but rubbish in order that I may gain Christ, and may be found in Him, not having a righteousness of my own derived from the Law, but that which is through faith in Christ, the righteousness which comes from God on the basis of faith, that I may know Him, and the power of His resurrection and the fellowship of His sufferings, being conformed to His death; in order that I may attain to the resurrection from the dead. Not that I have already obtained it or have already become perfect, but I press on in order that I may lay hold of that for which also I was laid hold of by Christ Jesus. Brethren, I do not regard myself as having laid hold of it yet; but one thing I do: forgetting what lies behind and reaching forward to what lies ahead, I press on toward the goal for the prize of the upward call of God in Christ Jesus.

Philippians 3: 7-14

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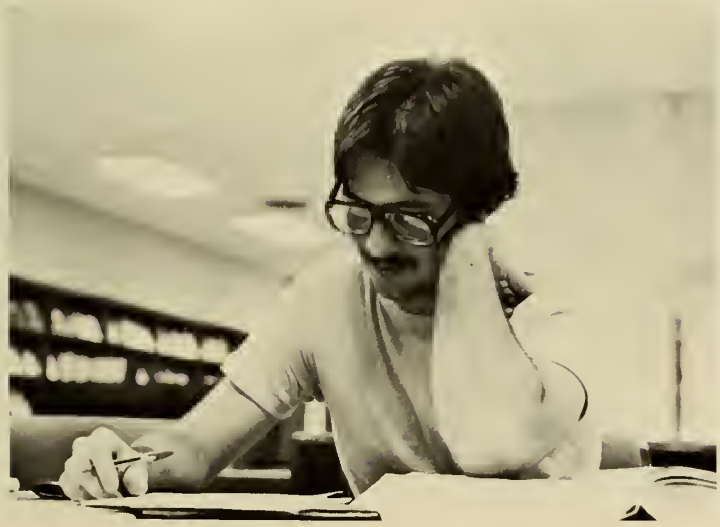

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The Road Not Taken

Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;

Then took the other, as just as fair,
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though as for that the passing there
Had worn them really about the same,

And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way,
I doubted if I should ever come back.

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I-
I took the one less traveled by,
And that has made all the difference.

-Robert Frost

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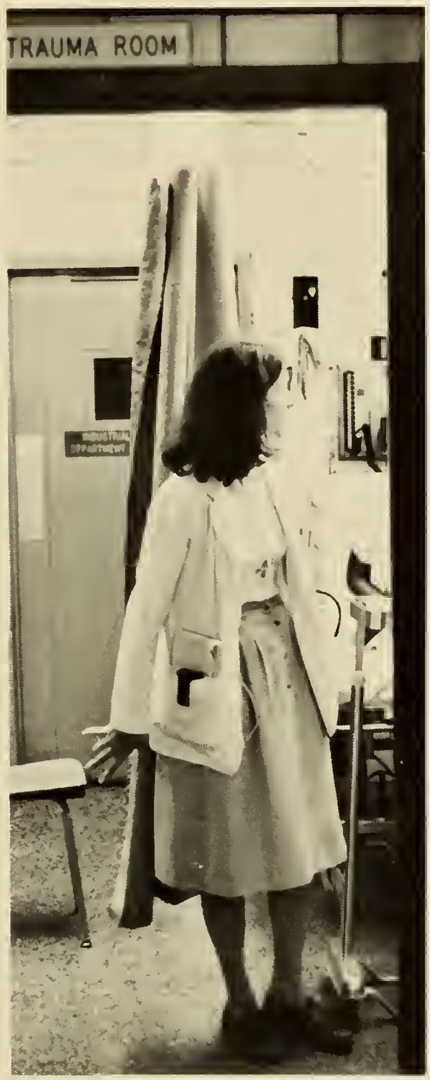
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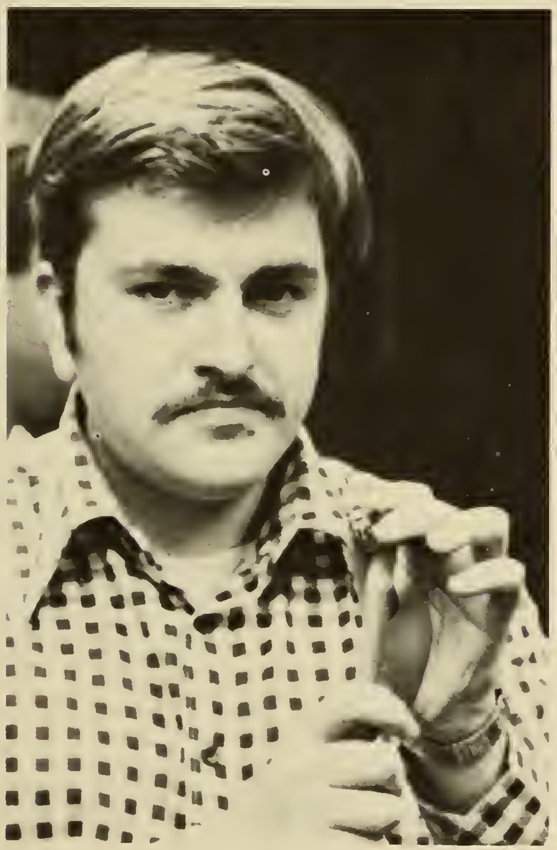

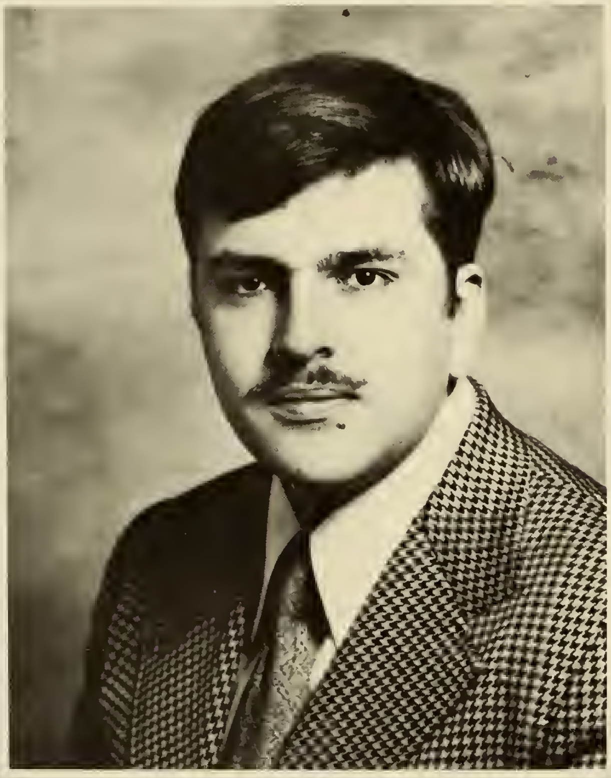

The basis of man's life with man is twofold, and it is one-the wish of every man to be confirmed as what he is, even as what he can become, by men; and the innate capacity of man to confirm his fellowmen in this way. That this capacity lies so immeasurably fallow constitutes the real weakness and questionableness of the human race: actual humanity exists only where this capacity unfolds.

-Martin Buber

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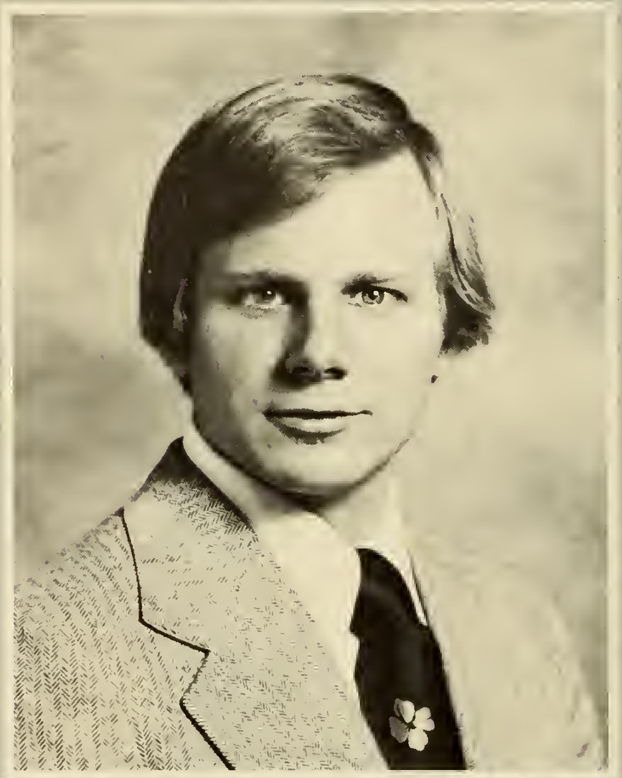

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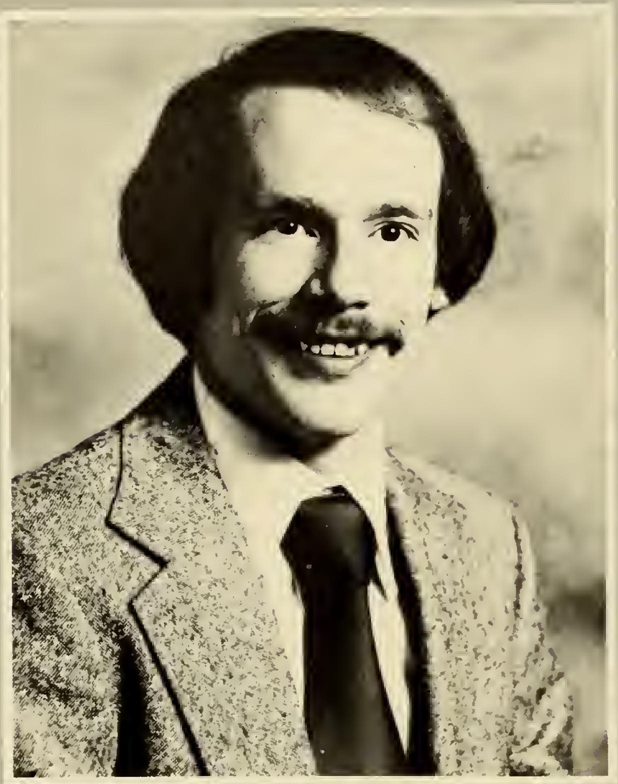

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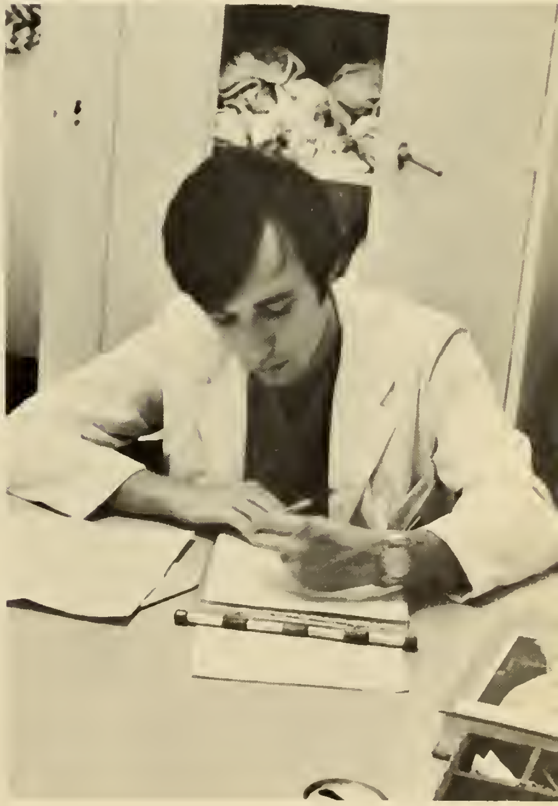

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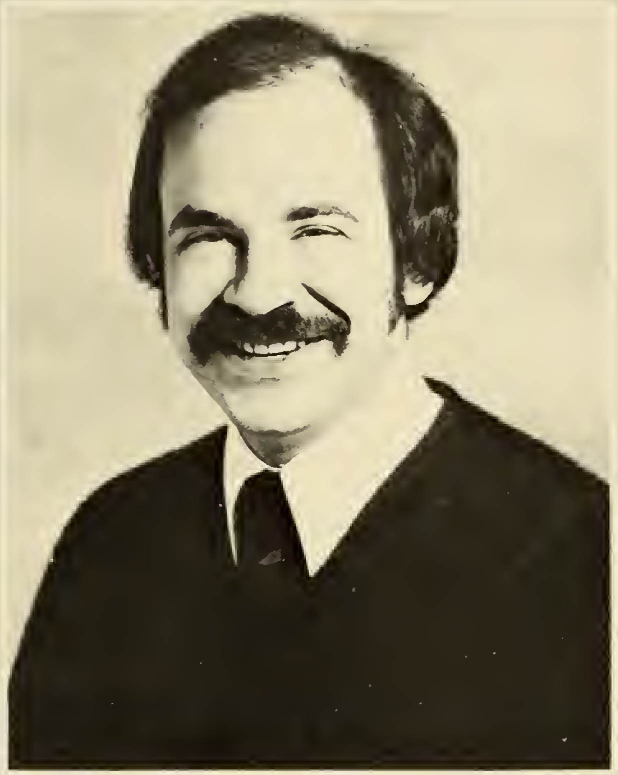

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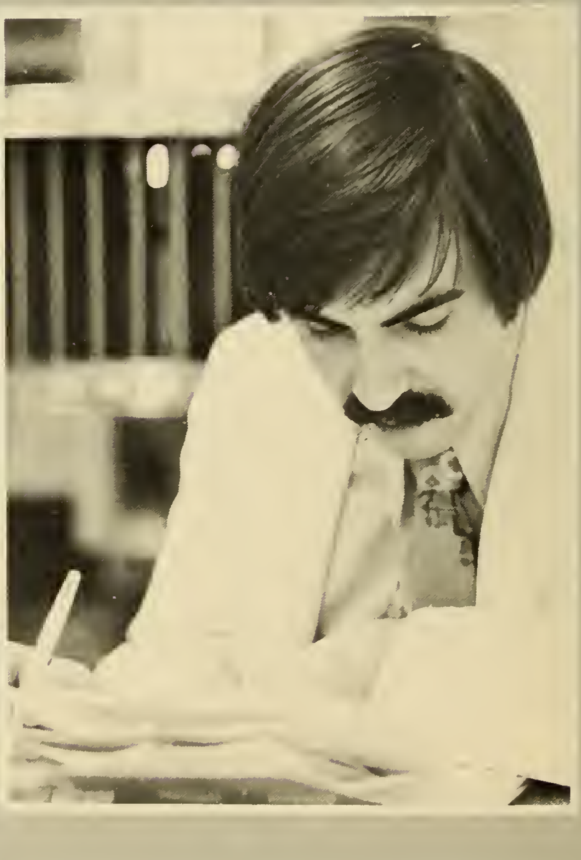

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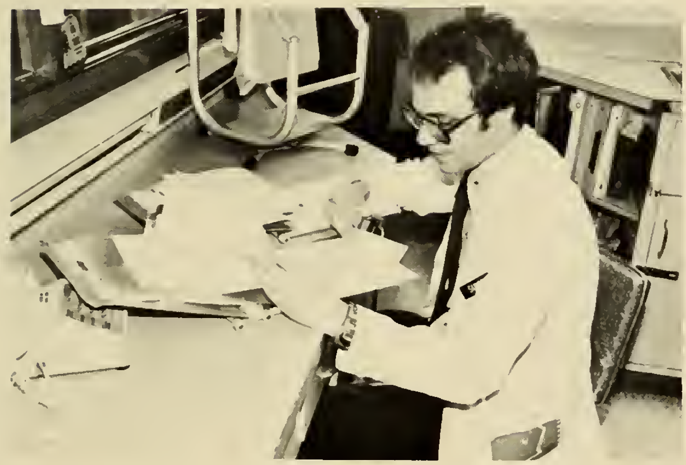

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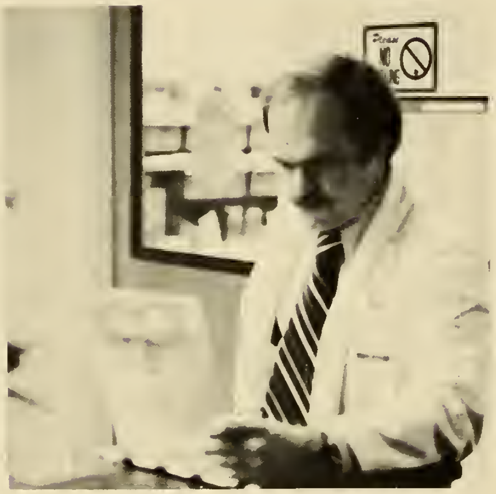

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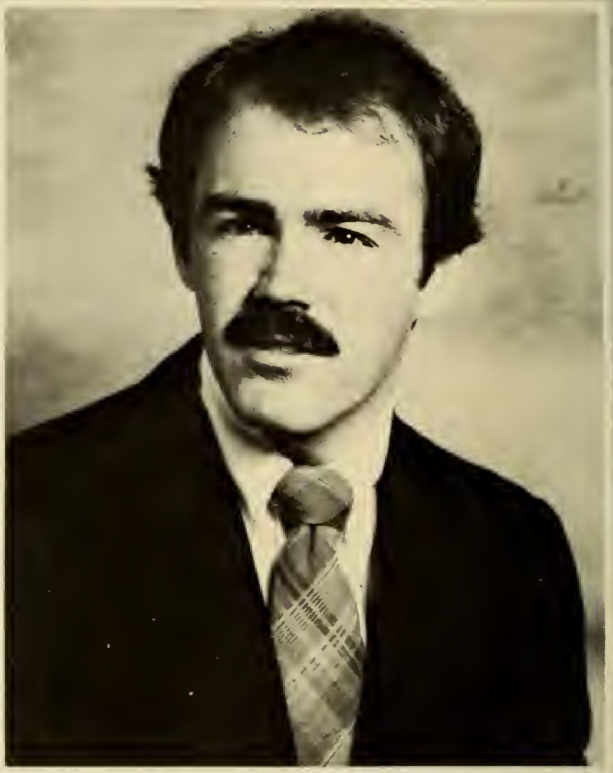

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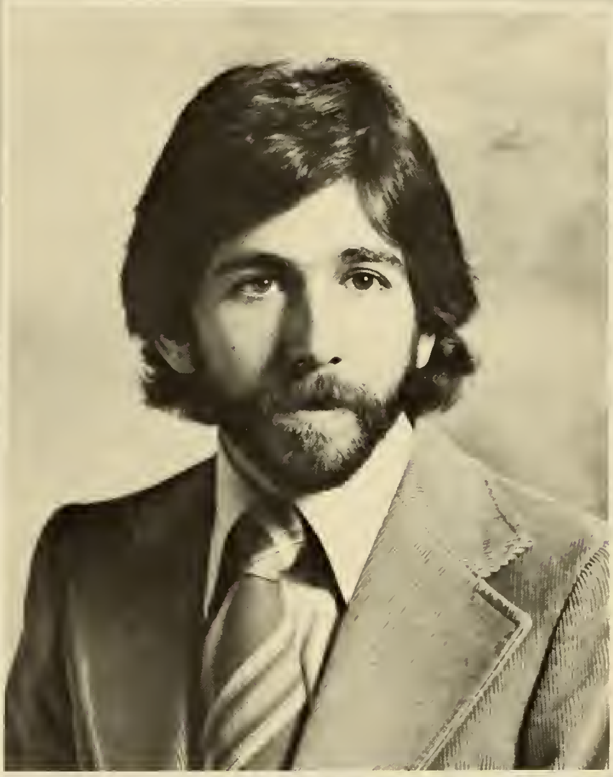

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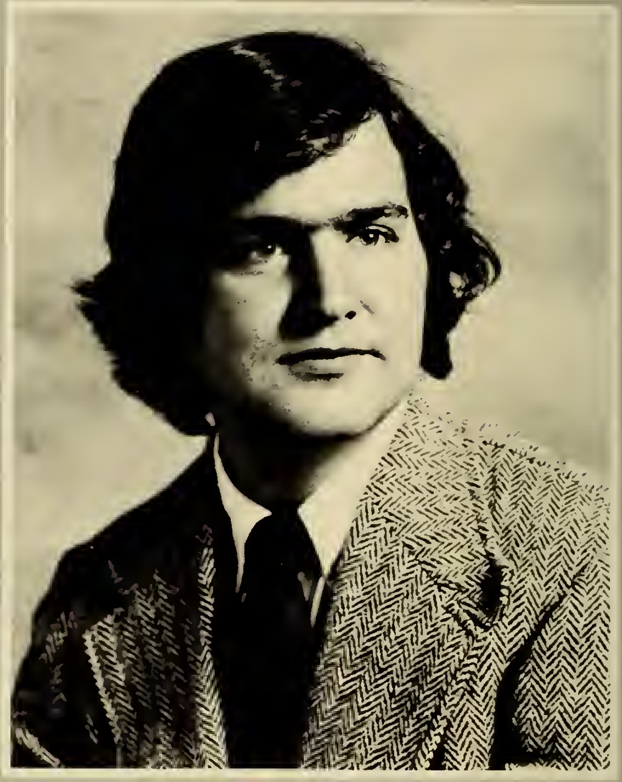

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KEEP REFRIGERATED
NITTANY

I knew the mass of men conceal'd
Their thoughts, for fear that if reveal'd
They would by other men be met
With blank indifference, or with blame
  reproved:
I knew they lived and moved
Trick'd in disguises, alien to the rest
Of men, and alien to themselves — and yet
There beats one heart in every human
  breast.

But often in the world's most crowded
  streets,
But often, in the din of strife,
There rises an unspeakable desire
After the knowledge of our buried life,
A thirst to spend our fire and restless force
In tracking out our true, original course;
A longing to enquire
Into the mystery of this heart that beats
So wild, so deep in us, to know
Whence our thoughts come, and where they
  go.

— Matthew Arnold (1822-1888)

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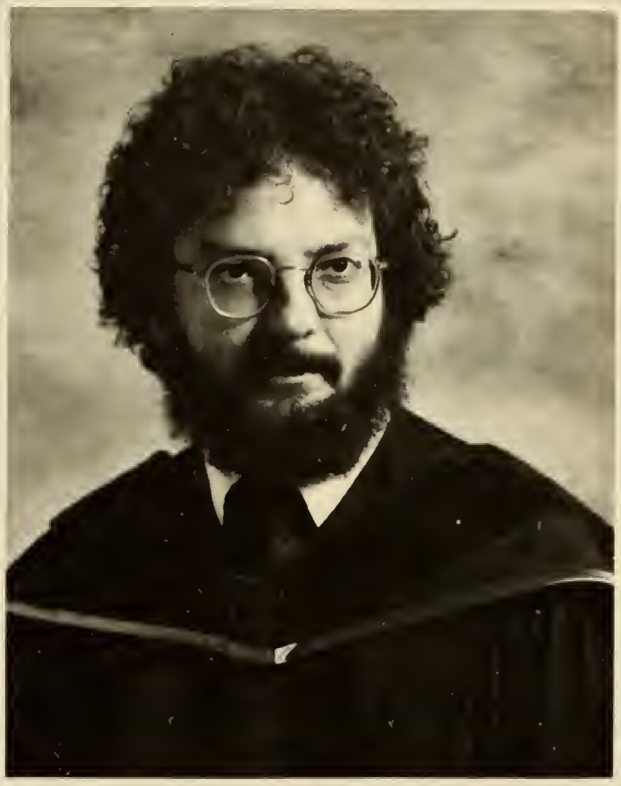

① split
②
③
libido
aggression
symbiosis
libido
aggression
neutralization

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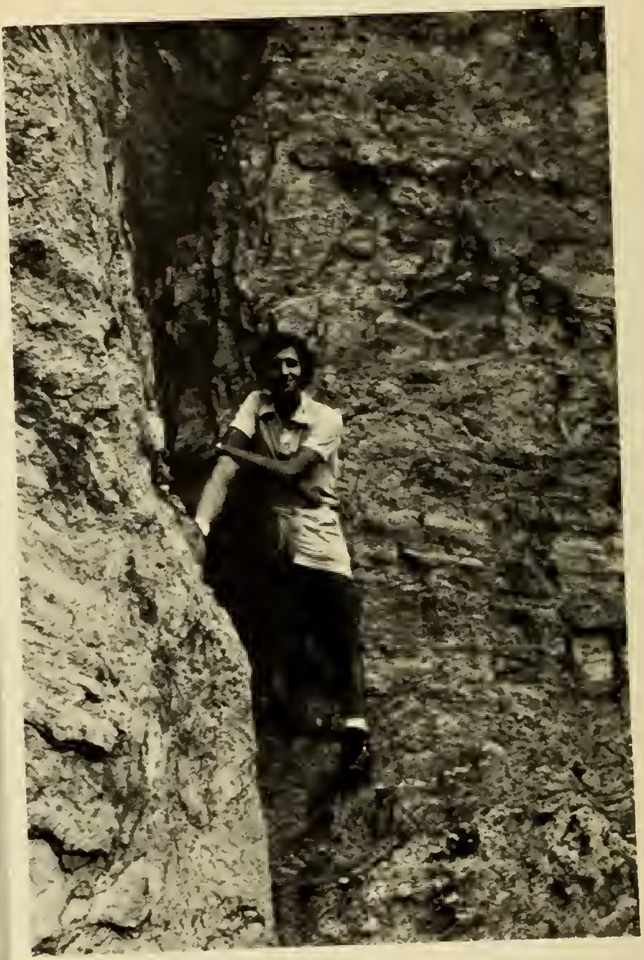

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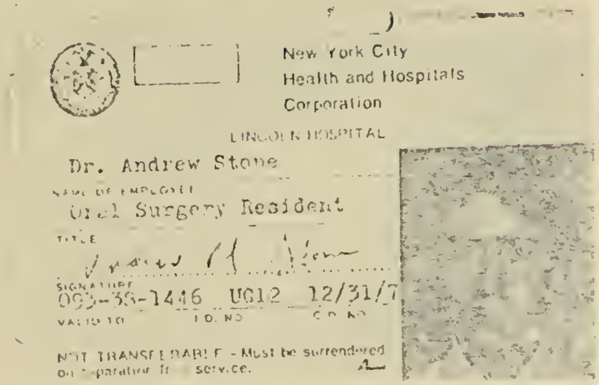

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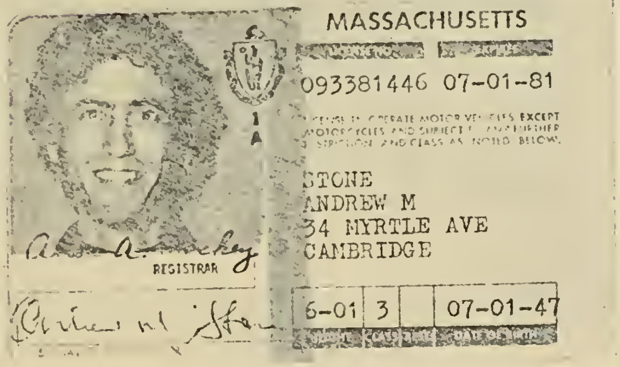

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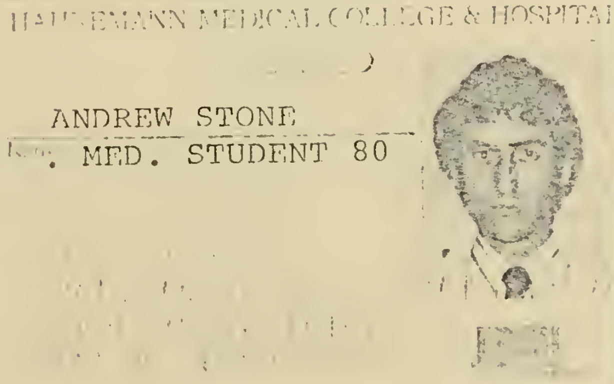

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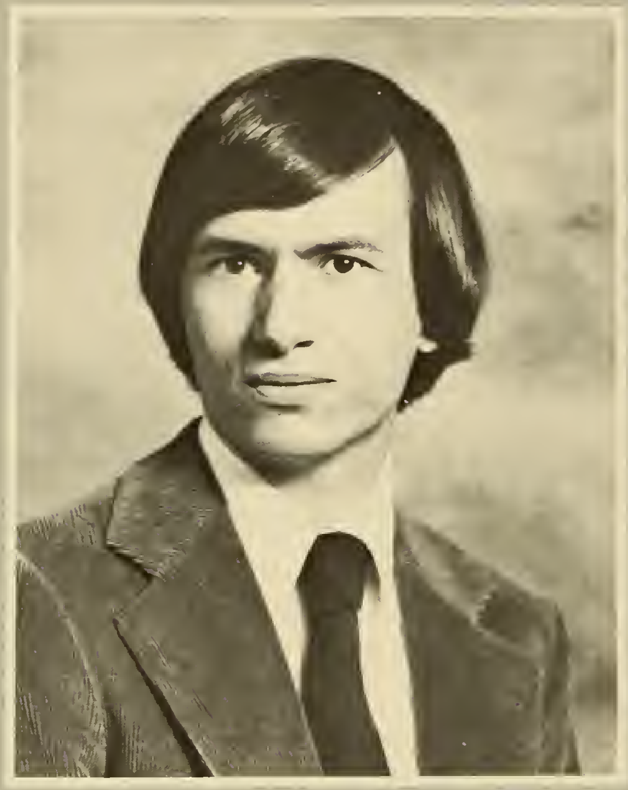

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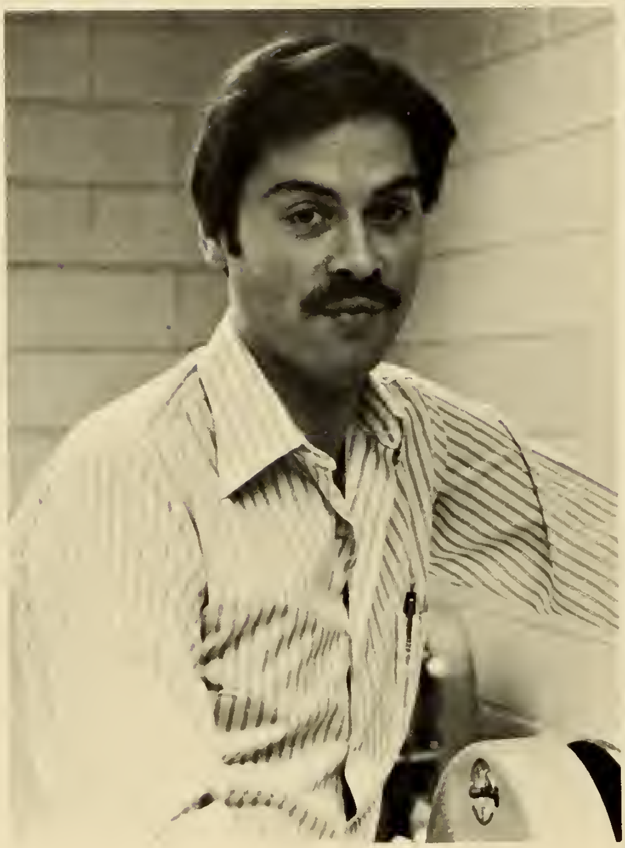

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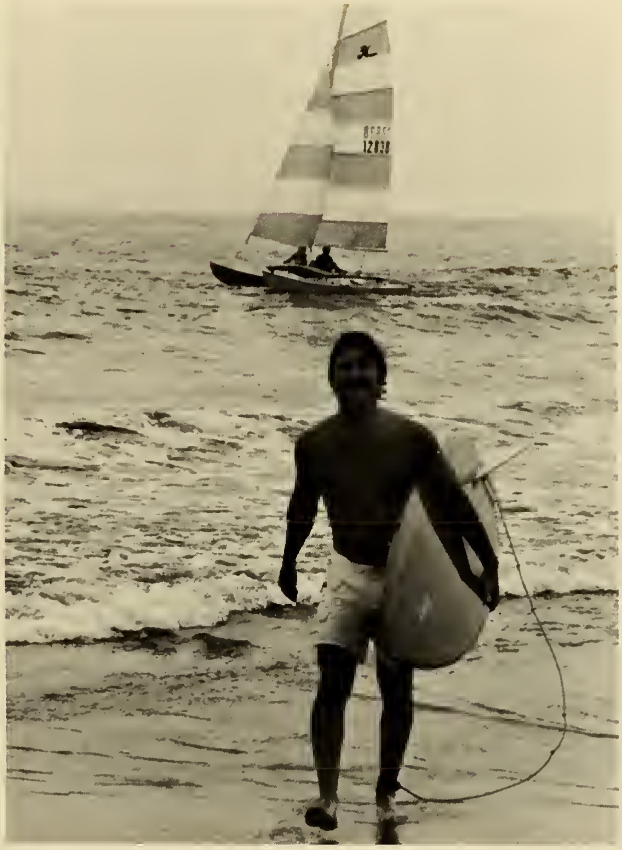

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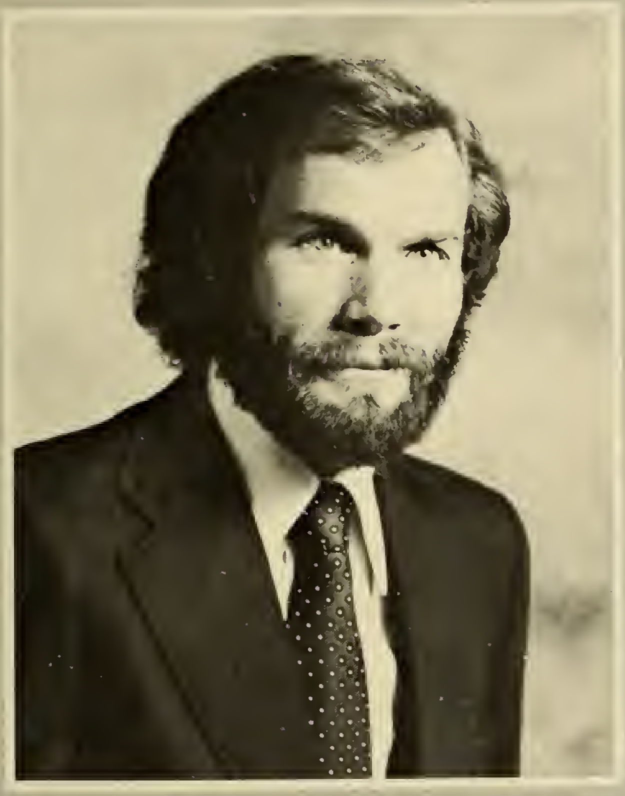

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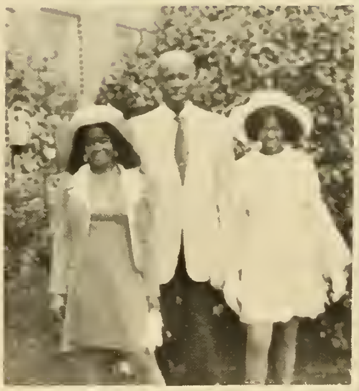

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CASE RECORDS
OF
HAHNEMANN HOSPITAL

Once in a Lifetime Clinicopathological Exercises

Dorsa L. Roots, M.D. *Guest Editor*

Nur O. Humor, M.D. *Associate Guest Editor*

CASE 1 - Class of 1980

PRESENTATION OF CASE

A 25 year-old medical student was admitted to the hospital with polyneuropathy and status hystericus of undertermined origin.

The patient was well until 1:00 PM, Friday, March 16, 1979 at which time he was found writhing on the floor, laughing hysterically and clutching his abdomen. The patient was subdued and rushed to the HMCH Emergency Room (Fig. 1). On physical exam the patient was found to be noncommunicative and hysterical, with hyperlacrimation, abdominal tenderness and stress incontinence. The patient exhibited waxy flexibility and choreiform movements (Figs. 2, 3). Mental status examination was normal except for delusions of grandeur (Figs. 4, 5).

Past medical history revealed a similar episode in the spring of 1977 following the Core I show. At this time the patient exhibited regression to a child-like mental state (Fig. 6) and unusual behavioral patterns (Fig. 7). The patient was discharged after an uneventful recovery (Fig. 8).

Figure 1. The patient will never tell you he has dyspnea.

Figure 2. Oaks's Waxy Flexibility.

Figure 3. Choreiform Movements Demonstrated by Staff.

Figure 4. Delusions of Grandeur a la Brodsky.

Figure 5.

The patient was subjected to numerous tests (Fig. 9), but no etiological agent could be determined. The patient's condition continued to deteriorate. A Rheumatology consult was obtained with no apparent benefit (Fig. 10). During this time, numerous persons were afflicted with similar symptoms, prompting the placement of precautionary posters in several locations (Fig. 11).

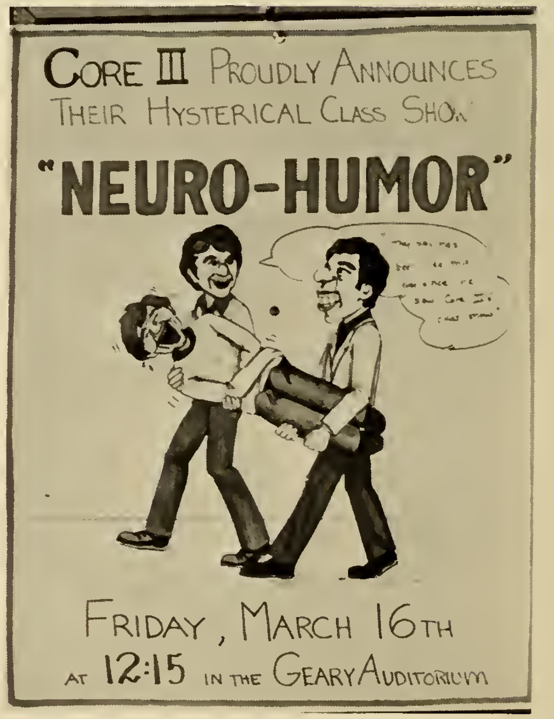
A surgical procedure was performed on the second hospital day (Figs. 12, 13, 14).

Figure 8. Staff Bidding Patient Farewell-Kiss.

Figure 6. Mental Regression.

Figure 7. Who Said First Year Isn't Fun?

Figure 11.



CORE III PROUDLY ANNOUNCES
THEIR HYSTERICAL CLASS SHOW
"NEURO-HUMOR"

FRIDAY, MARCH 16TH
AT 12:15 IN THE GEARY AUDITORIUM

Figure 9. Patient Undergoing Otologic Testing.

Figure 10. Sharma Theology Consult.

Figure. 12. Sophomore Surgery Blues.

Figure 13. I'll Give You 'Tree' Choices.

Figure 14. There Must Be an Easier Way to Shave.

DIFFERENTIAL DIAGNOSIS

DR. DORSA L. ROOTS: The patient exhibited choreiform movements which would favor a diagnosis of *idiopathic hypertropic cardiologica* (Fig. 15), but, lack of a positive stethoscope sign makes this possibility unlikely (Fig. 16).

The rapid onset is indicative of an infectious etiology, most likely Schwartz's Narcolepsy contracted from the oral eructations of the Lapland Louse. However, spontaneous remission is rare and the disease has a protracted course (Fig. 17).

The mental changes exhibited by this patient could be mimicked by *curriculatum hirsuitism.* The onset is insiduous, often beginning with a subtle increase of hair which progresses to frank hirsuitism and finally mental retardation (Figs. 18, 19, 20). This diagnosis is not supported by the case presentation.

Figure. 15. Idiopathic Hypertropic Cardiologica.

Figure 16. I Think I'm Having an MI.

Figure 17. Initial Stages of Schwartz's Narcolepsy Progressing to Intermittent Drowsiness and Protracted Somnolence.

Figure 18. Early Changes.

Figure 19. Frank Hirsuitism.

Figure 20. Hirsuitism With Mental Retardation.

Figure 21. Bigga Mac Attack.

Figure 22. I'll Never Forget That Cradle Robbery Joke.

Figure 23. GI Manifestations.

Figure 24.

Figure 25. Manifestations In Nursing Personnel; Anterior and Posterior Views.

Figure 26. Terminal Phase.

Lastly, an attack of *pathologica accentae lecturum* could be implicated, but the characteristic features are lacking (Fig. 21).

After much soul and literature searching (Fig. 22), few similar cases can be found. However, all cases have a prodromal oral phase (Fig. 23). The disease is highly contageous. Extreme precautions must be taken to prevent its spread (Fig. 24) as epidemics among nursing personnel are common (Figs. 25, 26). Spread is via direct transmission (Fig. 27). Occasionally, split personalities develop (Fig. 28). Rarely, vigorous flatus expulsion

Figure 27. Yech!

Figure 28.

Figure 29.

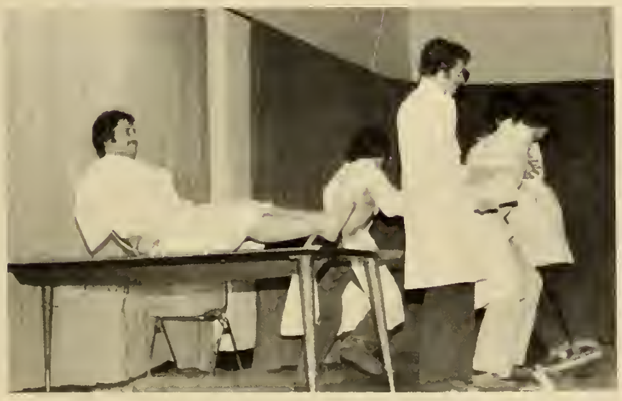


Figure 34. The Cadaver's Not Supposed to Move.

complicates the clinical course (Fig. 29), and nickel-and-dime lesions may appear on the trunk (Fig. 30). This is truly a bizarre disease (Fig. 31) which requires astute clinical judgement (Fig. 32) and God-given confidence (Fig. 33) to diagnose.

Figure 30. Nickel-and-dime Lesions.

Figure 31. Bizarre, Bizarre, Bizarre.

The surgical procedure was probably tissue biopsy for pathologic diagnosis.

What have the students concluded?

DR. NUR O. HUMOR: The students concluded (Fig. 34) that the patient had intractable jocular seizures. The students had admittedly experienced similar reactions.

Figure 32. What Murmur?

Figure 33. Enter Brodsky.

Figure 35. Orthopedic Surgeon.

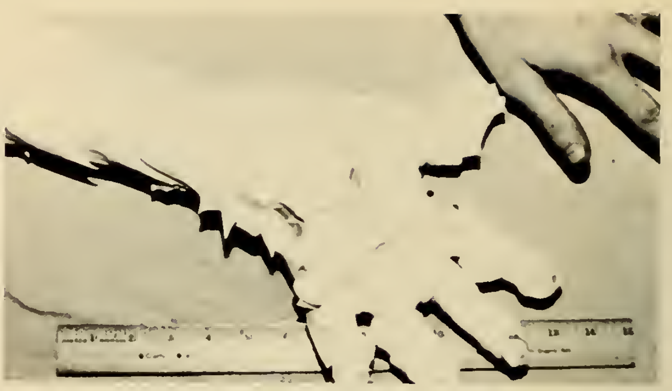


Figure 36. Pathological Specimen.

CLINICAL DIAGNOSIS

Normal sensorimotor response to overwhelming stimuli.

DR. DORSA L. ROOTS'S DIAGNOSIS

Paroxysmal Hysterical Status Laughter.

PATHOLOGICAL DISCUSSION

DR. DAMM YEN OFF: Surgery performed by Dr. Burp Mann (Fig. 35) provided an ample specimen demonstrating polymorphonuclear infiltrates with a copious exudate (Fig. 36).

DR. ROOTS: The patient eventually recovered due to the intervention of several outstanding clinicians (Figs. 37, 38, 39, 40) and the dedication of the entire staff (Fig. 41).

ANATOMICAL DIAGNOSIS

Paroxysmal infectious laughter secondary to Core I and Core III class skits.

Figure 37. Dr. Mancall; Best Teacher.

Figure 38. Dr. Kahn; Best Course.

Figure 39. Dr. Krishan; in Recognition.

Figure 40. Janice Cederstrom; Best Notetaker.

Figure 41.

SPORTS MEDICINE

FRACTURED FUNNYBONES

GEORGE PLUMPTON, M.D.

HAHNEMANN medical students have exercised their muscles as well as their minds throughout the years. During the recent past, the talents of our students have proven exceptional in basketball and rugby as well as other physical endeavors, ranging from the aristocratic field of ballet to the more popular bar room games of pool and pinball. Olympics here we come!

THE HAHNEMANN BASKETBALL TEAM

The Hahnemann Medical Basketball team has now completed its second year of competition in the Philadelphia Professional School League and has established itself as a topnotch competitor. The league consists of fourteen professional schools including law, dentistry and medicine. After a respectful 6 — 4 season in 1978, the "Big H" rallied back to a 9 — 2 season in 1979 ending up third in the league. The Class of 1980 provided excellent talent; the high scoring of Ed McFalls and Jay Constantine, the tough defense of Dave DeHaas and the powerful rebounding of Neil Lattin and Ken Cohen. Adding to the success of the team were underclassmen Mike Brooks, Charlie Andrews, Bruce Auerbach, Kevin Dumpe, Dan Jovanovich and Jim Berman. The team expects to be equally competitive for the 1980 season with outstanding freshmen Nick Leisare, Ed Clark, Mike Donahue and Randy Lamberg.

Standing: C. Andrews, E. McFalls, K. Dumpe, N. Lattin, J. Constantine. Seated: K. Cohen, D. DeHaas, M. Brooks, B. Auerbach.

BASEBALL

VOLLEYBALL

RUGBY

Our traditional rival has been our best ally in the game of rugby. For several years Jefferson Medical College and Hahnemann have united to form one of several rugby teams in the city. The team's stardom came in the 1979 season when they won their way into the St. Joseph's College Invitational Rugby Tournament. Their cunning strategy and physical power shook the faith of St. Joseph's College and broke the backs of the Philadelphia College of Osteopathic Medicine to win the invitational. Although the struggle was intense, injuries were few. However, after each game, medicinal alcohol was applied to all joints and orifices prophylactically.

Standing: E. McFalls, D. Coletta, C. McCoy. Seated: M. Arvanitis, J. Goodill.

JOGGING

D. DeHaas

J. Chiadis, N. Lattin, J. Weitzman

D. Billman

BALLET

B. O'Neil

FOOTBALL

STUDENT LOUNGE

The newly redecorated student lounge has boosted the moral of students and janitors alike. Thanks to the efforts of the Student Institute, the lounge is now equipped with pinball machines, a pool table, and various electronic games, enough to boggle the average medical mind. Dear Student Institute, wouldn't an indoor swimming pool be nice?

C. Intenzo and L. McKinney

"Space Invaders"

K. Shaffer

K. DePonte

RACQUETBALL AND TENNIS

D. Shufler

K. Kern

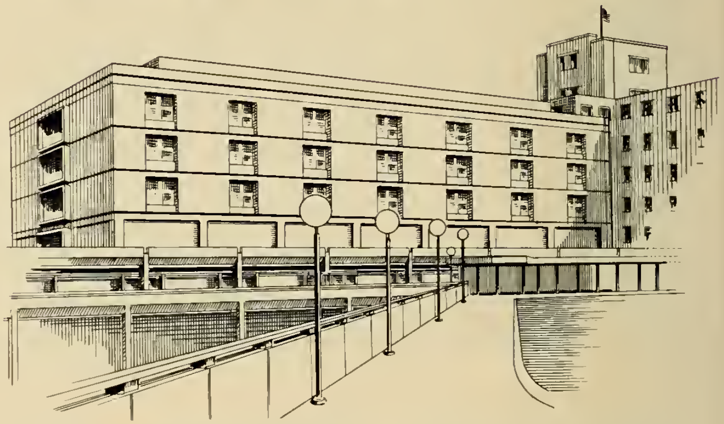
D. Spizarny, D. DeHaas, R. Lending

SEMINARS IN MEDICINE
OF THE
ST. AGNES HOSPITAL, PHILADELPHIA

SATELLITE LESIONS

STEVEN CINNICK, M.D.
EMAN U. EL BOOBIN, M.D.

THE association of satellite lesions with the Hahnemann experience has long been known. These lesions are largely beneficial to the students in many ways; not the least of which is the opportunity to breath fresh air. Providing opportunities to broaden the students' knowledge in medicine, surgery, pediatrics, obstetrics and gynecology, and psychiatry, these affiliates are unquestionably some of Hahnemann's biggest assets. We are most grateful for the chance to sample some of their medical teachings, not to mention their cafeteria food. Pathological slides demonstrating the following lesions were unfortunately not available: Atlantic City, St. Francis and Burlington.



Fine teaching at St. Agnes Hospital is only a short ride away on the Broad Street Subway. Almost Neighbors! Top, above and below.

Crozer-Chester Medical Center, a first class educational institution, where every student's dream is to "ride the Chopper." Above, below and below right.

Rounds at Helene Fuld Hospital (above) are always a good chance to learn clinical skills.

Easton Hospital (above) gives the skier excellent medical teaching with easy access to the Poconos.

The pastoral location of Robert Packer Hospital (above) offers a welcome contrast to the hustle of Philadelphia.

The miracle of television gives students at Wilkes Barre Hospital (above) the opportunity to sleep through Hahnemann lectures.

While the demand for Monmouth Medical Center is greatest in the summer, the education is great year-round. Above, left and right.

The New Hahnemann Journal of Medicine

Official Organ of
The Hahnemann Medical College
Class of 1980

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PHOTOGRAPHY

Tom Turner, M.D.
Thomas J. Weida, M.D.
Kathleen A. DePonte-Witt, M.D.
Tomi J. McCann, M.D.
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PROSPECTIVE authors should have consulted us earlier.

ARTICLES with original material are accepted for consideration with the understanding that, except for abstracts, no part of the data has been published, or will be submitted for publication elsewhere, before appearing in the *Journal.*

HUNTING FOR ZEBRAS AND PEARLS

During our four years at Hahnemann we have witnessed many changes; a new hospital building and a new president to name a few. Another change has been the format of the MEDIC with our parody of the prestigious New England Journal of Medicine. Entitled, appropriately enough, the New Hahnemann Journal of Medicine, we feel the title captures the essence of our experience here. We have presented many facets of Hahnemann in these 324 pages, some serious and some humorous, in the hope that you, the student, will allow your mind to wander back to your years here. Of course, not all of you who read this book have attended Hahnemann. For you we hope the book will provide you with insight into life at the "Big H."

This book will not be the same for each reader; neither will it please everyone. Yet, we hope everyone will enjoy at least a part of it. If we offend, we apologize.

Often the editor's section of the book is devoted to expressing gratitude to the many people who made it possible. I will not deviate from this time-honored tradition, for, after completing this book, I realize how much was done by others, and how little would be accomplished without them.

Special appreciation is accorded to Dr. Arnold Relman and Joseph Elia, Jr. of The New England Journal of Medicine who allowed us to parody their *Journal* and who graciously prepared our front cover. Without them, the idea for this book would have been only a dream. Thanks goes to all of our advertisers who supported this publication, many on a yearly basis. Special thanks goes to Merck, Sharpe, and Dohme for their advertisement. Without it, the effect of the back cover of our *Journal* would have been lost to blank space.

Thanks also goes to Dr. DiPalma for his support in the preparation of this book. Also, Bill O'Brien, publisher representative, Barbara Williams and Dean Bennett's office provided much help.

Finally, I'd like to thank the dedicated members of the staff, many who appear on the following two pages. They contributed much; the pages of this book and the ideas in its pages are a result of their efforts. I hope they enjoyed the preparation of this book as I did. For those of you who took time away from hunting for zebras and pearls, I salute you and hope that this book will carry special meaning for you throughout your medical career.

THOMAS J. WEIDA, M.D.

MATERIAL printed in the New Hahnemann Journal of Medicine is often of a satirical nature. Any reference made to any person, real or imagined, living or dead, is to be taken with a grain of salt, a dose of humor and a forgiving air. The *Journal* does not hold itself responsible for statements made by any contributor.

PROOFREADING done according to Mark Salvaggio's official rules of editing, spelling and grammar.

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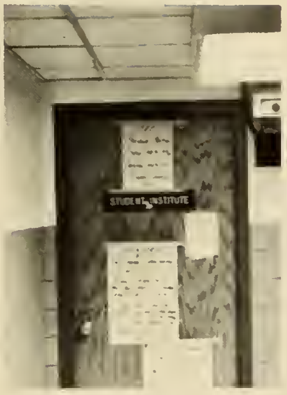
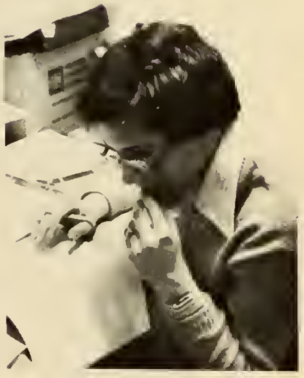
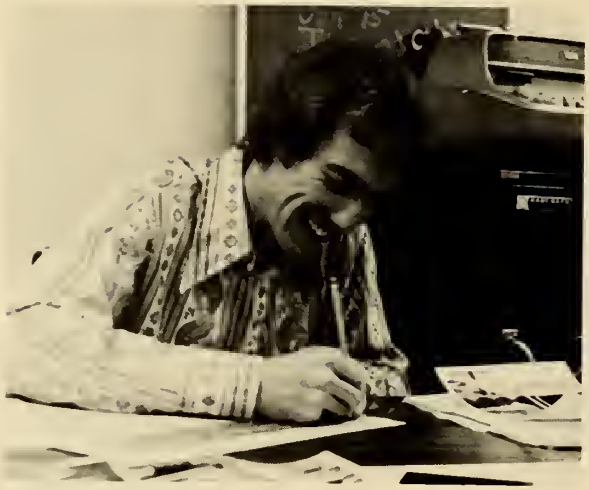
ADDRESS communications to c/o Dean Hugh Bennett, 230 North Broad Street, Philadelphia, PA 19102

THE STAFF


STUDENT INSTITUTE



GLASS VERY FRAG



B
Coke

AGILE

SOUNDING BOARD

TAKEN TO HEART

Even the most casual contemplation of the future underscores the magnitude and complexity of unsolved problems in the field of medical education and the delivery of health care. Considering the speed at which knowledge advances, it is highly unlikely that Hahnemann has succeeded in preparing you fully for the future. But, if the basis for meaningful interpersonal relationships - understanding, patience, integrity - have been an integral part of your intellectual growth, the institution has done well, and you have attained a substantive base from which to challenge life.

Godspeed!

President WILLIAM LIKOFF, M.D.

YOUSE GUYS ARE LEAVIN'

There is much similarity between a graduation and a funeral. Both occasions are associated with a degree of solemn pomp and circumstance such as marshall music and people marching in black gowns. Then there are the relatives weeping, joyous or otherwise. Fortunately, graduations are considered to be rather favorable occasions - but I wonder if this is really true.

Some years ago I made a study of funeral orators and I found that a Frenchman of the last century, Archbishop Fenelon, was among the best of such performers. He always emphasized that "Their deeds alone can praise them." So be it with medical students. My former chief, Bill Dock, always said you always tell a superb achiever in medicine by what he accomplished in medical school. Even in those days he wasn't talking about grades but about what so called extracurricular activity the students seemed to be able to accomplish. He often quoted the story of Roundtree who devised a primary method of measuring cardiac output while only a medical student. Today's curriculum is supposed to be too crowded to allow such originality. I doubt if this is really true - I never underestimate the power of medical students, especially now that 25% of the class are females.

If you didn't write a paper or make some brilliant contribution don't be discouraged. You may have accidently learned more than you expected to and that is what I'm talking about. Every medical school really offers more opportunities than any medical student can absorb and my hope is that you took advantage of this fact to learn or do something beyond the standard required curriculum. We won't pin a medal on your chest for this but I do hope it does help to mold and stimulate your career in medicine. Remember, there is nothing so final about graduation as there is about an interment. Despite that all important M.D. sheepskin you are still a student and need to continue to learn if you expect to be competitive in your profession.

In any event I do wish everyone of you the best of good wishes for a productive and satisfying career in medicine. It's beyond human capacity to have known each of you personally. This is my misfortune. Still I feel everyone of you deserve the best advantages that medicine has to offer and I will defend that position to the utmost.

Senior Vice President for Academic Affairs and Dean of the Medical College

JOSEPH R. DI PALMA, M.D.

THE DEAN'S LETTER

HAHNEMANN IS ITS PRODUCT

In the controversy over criteria for student accomplishment at Hahnemann, one truth is in danger of being ignored and one source of evaluation devaluated. Hahnemann is a medical school first and foremost. Its purpose is to produce doctors, good doctors! If Hahnemann does this, it is a success. If it fails to do this, a failure!

How do we measure "good doctors?" By written examinations? By financial success? To date only one system has shown any promise as all attempts to measure by exams, patient popularity, etc., have failed! Peer evaluation under circumstances where the evaluation is employed in a meaningful fashion has been the only system to even approach validity. Where is this to be found? In the post graduate residency period in two groups - the students themselves and their supervising staff.

Every hospital has been surveyed annually concerning the caliber of Hahnemann graduates. The consensus - "truly outstanding."

Every Hahnemann graduate has been surveyed concerning their preparation. Their report - "excellent, better than other schools."

Conclusion: Hahnemann and its graduates are doing beautifully. Congratulations to our students, our faculty and administration alike.

Associate Dean for Student Affairs

HUGH D. BENNETT, M.D.

HAHNEMANN MEDICAL SOCIETIES

RIP VAN WINKLE LETHARGIC SOCIETY

D. Flowers, President.

say something dynamite
use your library

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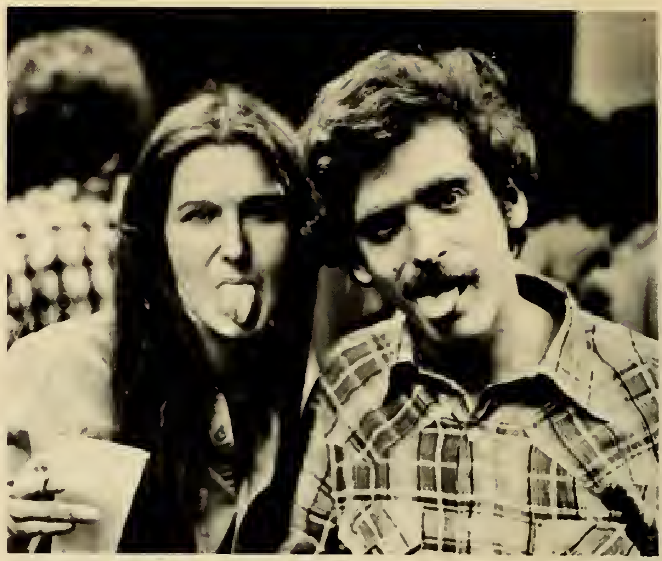

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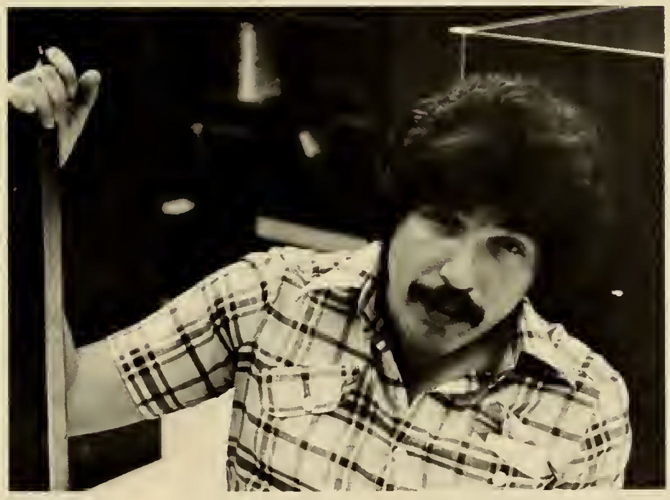


"?"

Flag Bearer.

Instructor.

BROAD STREET REPORT

AN ECCHYMOTIC AND JAUNDICED TESTICLE

THE BLUE AND GOLD BALL

CORRESPONDENCE

Letters to the Editor are welcomed and will be published, if found suitable, as space permits. They must be signed by all authors, written in English, submitted in triplicate, must not exceed 56½ pages in length and will be subject to editing, mockery and possible abridgment. To be considered for publication, letters must not fall into the wastebasket or be suitable for wrapping fish. Money accompanying letters will speed publication.

SURGICAL CORRECTION OF A MORT

To the Editor: We agree with many other authors that early excision of *Mortus Ennui* is indicated before symptoms of listlessness, fidgeting and drowsiness occur. It is our experience that if arrested in the early stages, many patients can be saved from dying of boredom. We have identified the prodromal stage as beginning with such signs as "How do you guys feel about the curriculum?" with rapid progression of the disease to include law practice, sailing, and life at the Mayo Clinic. At this advanced stage of the disease, patients will show symptoms of extreme fatigue, restlessness, foot-tapping, clock-watching and frequent changes of position. Patients who exhibit a peculiar snicker have a poor prognosis.

Our group at Hahnemann Medical College has found that only wide excision of the usually large malignant growth has proved successful. Frozen section is advisable since frequently the tissue is difficult to differentiate from other growths causing similar but milder symptoms. We suggest that for operations beginning at 3:00 PM, if surgical treatment has not been successful by 6:00 PM, suicide-homicide is then the treatment of choice.

Pearl Stone, M.D.
Snort Mann, M.D.
Morris Tom, M.D.
Hahnemann Medical College & Hospital

Philadelphia, PA 19102

JUST A LITTLE STICK X 15

To the Editor: Through the years, we of the medical profession have labored valiantly to make the experience of hospitalization as dehumanizing and terrifying as possible for our patients. Milestones in this quest have been the metallic bedpan, the unlubricated rectal exam and the barium enema prep. However, it was a sure stroke of sadistic genius to assign sophomore students the task of drawing bloods.

Before turning to the myriad permutations of horror which can be extracted from a simple invasive procedure such as a blood sugar, we would like to make passing reference to the therapeutic value of invasive procedures for the student. Reflect, if you will, on the implications of entrusting a pathologically repressed personality with a sharp instrument and the opportunity to perform socially sanctioned violence on a passive patient. As soon as the curtain is drawn around the bed the patient is transformed in the students eyes into his pre-med advisor or, worse, his organic chemistry professor. Only mayhem and carnage can result.

The four phases of an invasive procedure can be defined as:

I -the Introduction
II -the Preparation
III -the Assault(s)
IV -the Escape.

The introduction is that portion of the student-patient interaction wherein the student explains who he is, why he's there, what he's going to do and why he's going to do it. In order to instill the most fear in the patient, the student must successfully convey the impression that he has no idea as to why he's there, what he's going to do or why he's going to do it. Some truly gifted students can even express some serious doubts as to *who* they are. Body language can be effectively used at this point - shaking palsies and the ability to perspire profusely are favored ploys.

The preparation is an extension of the introduction for it gives the student an opportunity to underscore the impression of ineptitude carefully laid during the introduction. Helplessly the patient watches as all necessary paraphernalia is laid out before him. Syringes, needles, alcohol swabs, tourniquets and test tubes are of course required for the procedure of drawing a red-top blood sugar, but the silent unwrapping of a lumbar puncture tray with much manipulation of the trocar can be effective in bringing even the most stoic of patients to his knees.

Once the patient has grasped that what is to follow is tantamount to aggravated assault, the assault itself begins. By convention no useable blood should be obtained from any patient on the first five attempts at a blood drawing. In the rare patient with well developed protruding veins, this can be assured by carefully blunting the needle's point with a few rubs on an emery board.

What follows is the most delicate part of the procedure - convincing the patient that another attempt must be made to obtain this much needed blood sugar. A moderately articulate student can sweet talk a patient into at least five more attempts, at which point even the most docile of patients must be restrained to a) keep their arm straight and b) protect the student from bodily harm. In the end, it is only with the assistance of an entire floor's nursing staff and the helpful guiding hand of the service's intern that the blood sugar is eventually obtained.

The escape is the truest test of the survival instincts of the student. Speed is essential, for by this time even the most fragile 80 year old lady has nothing but revenge in mind. It is only the fleet of foot who can escape the fury of the much stuck patient.

Sprinting down to the nursing station with the prized red top tube carried aloft like an Olympic torch, the triumphant sophomore passes it off to the ward clerk.

"Blood sugar. Room 1560. Mrs. Jones."

Invariably the ward clerk will retort, "WRONG - blood sugar, yas. Room 1560, yas. But we wanted it from the other patient, Mrs. Smith."

Slowly, as the last trace of humanity is extracted from the student, a demonic grin appears on his face and almost gleefully he heads back to Room 1560. Another modern physician is born.

Count Dracula
Director, Blood Bank and IV Team
Transylvania Technical Institute

Transylvania

YOU WANT IT STAT?

To the Editor: After several seasons of frustrated attempts at improving the quality of care we give our patients by speeding the return of our laboratory's results, our ad hoc committee assigned to the problem decided to conduct a survey. A questionaire was sent to each individual in the chain from the patient to the lab. Our blood drawers, ward clerks, messengers and laboratory personnel were all requested to define the word "stat" as it appeared on a lab request slip.

The responses we received from this simple query were somewhat discouraging with answers ranging from: "sometime after Thursday" to "an abbreviation for Saturday." Surely we had discovered the cause for the woeful delay in the lab results.

After careful consideration of alternatives to remedy this situation, our committee decided to hire only those blood drawers, ward clerks, messengers and laboratory personnel who have Ph.D's in Latin. This solution has been something of a double-edged sword; our lab results have been returned promptly, but all results have been in Roman numerals.

We are currently training pigeons to deliver the results. A report detailing our efforts will follow.

W.C. Kashitus, M.D.
Director of Clinical Pathology
Elsewhere General Hospital

Philadelphia, PA 19102

THE SUREKILL DISTRESSWAY SYNDROME

To the Editor: Our psychiatry department has long been fascinated by the subtle manifestations of the death wish by our housestaff and students. We have had isolated cases of mouth to mouth resuscitation efforts on bona fide gomers and occasional instances of voluntary ingestion of hospital cafeteria food, but the most curious example of pandemic self-destructiveness is in that subgroup who commute daily via the Surekill Distressway.

By way of explanation, the Surekill extends from the 'burbs to downtown Filthydelphia, is approximately 40 miles long and was last paved during the Paleolithic Era. Tank traps abound and ice floes are sometimes seen to cross both lanes. Attendings (who should know better) and students alike traverse it. Housestaff officers have been lost to follow up there.

Other than Hahnemann personnel, the only persons allowed on the road are candidates for the Indy 500 and demolition derby contenders. The goal of the road is to cross as many lanes of traffic as possible in the shortest amount of time. Points are scored for near-misses. The aggressiveness of the driving is rivaled only by the aggressiveness of verbal exchanges.

Curiously, the maximum speed ever recorded on the road is 20 miles per hour; however, two miles per hour is the norm at rush hour. At this breathtaking pace, even the slowest reader can complete *Harrison's* in a week at the wheel. The more catholic readers can polish off *Rememberances of Things Past* in a morning's commute. Unfortunately, this time gained is often lost to fretting over being late.

Each commuter polled on the subject had his own tale of woe, each more incredible than the last. Horrifying tales of being snow bound for five hours in unheated cars abound; a flat tire is the prelude to a lost weekend.

The only official personnel ever seen on the Surekill are the flagmen who channel traffic into one lane for the protection of the road crew who happen to be resting nearby. It is the sacred duty of the road crew to ensure that at all times at least one mile of the Surekill is completely impassable. By state law these employees are prohibited from aiding any driver in distress. By convention no driver has ever aided any other driver.

As can be appreciated, the daily commute assures the driver of either a migraine headache or gastric distress before 8:00 AM. This subgroup is easily identified by their furrowed brows, their white clenched knuckles and their conspicuous lack of a sense of humor. Many exhibit profound signs of premature aging and senility.

No effective cure is available for this syndrome, although some have resorted to traveling on the East and West River Drives. However, parkway pothole psychosis has resulted from this therapy.

Further research is vitally needed to effect a cure; however, little hope of a rapid solution is foreseen as the PennDot research funds are limited.

Vinny Street, M.D.
Hahnemann Medical College

Philadelphia, PA 19102

THE HALF-LIFE OF ALBUMEN

To the Editor: Everyone has had the experience of being on rounds with the full complement of attending, fellow, resident, intern, etc. and being asked a question like, "What is the half-life of albumen?" Much can be gleaned by observing the answers as given by individuals at varying levels in their training.

The sophomore student will usually blanch and say "I don't know." The senior student will say, "I used to know, but I've forgotten." The intern will proceed with a dishearteningly lengthy review of the properties of albumen, including its molecular weight, its biosynthetic structure and its physiological significance. Careful review of all that the intern had said will reveal a skillful avoidance of the mention of the half-life.

To watch a resident answer such a query is to watch an intellectual Barishnikov. Invariably the response starts with "It's interesting you should ask that question. A recent article in the New England Journal of Medicine, or was it the *Annals?* Anyway, it was about three, no, was it four months ago? The author of the article was from Hopkins, which by the way, has been doing some fascinating work with the IV use of miconazole in dialysis patients." The resident, having steered the conversation to an article he *has* read proceeds to drone on and on, carefully avoiding persistent attempts to extract the half-life of albumen from him.

Finally, in despair, the attending will gaze hopefully at the fellow and ask "Please tell them the half-life of albumen."

Invariably the fellow will clear his throat, shrug his shoulders and say sheepishly, "What's albumen?"

Dr. Krishan
Director of Trivia Research
Bethesda Naval Yard

Bethesda, MD 20014

To the Editor: I still don't know the half-life of albumen.

Fellow (former)
Dr. Krishan's Service
Point Barrow Naval Base

Point Barrow, AK

BOOK REVIEWS

THE CLASS NOTES

Eight and a half volumes. Organized by Dave Snyder. Tons of pages, illustrated. Philadelphia, Hahnemann Free Press, 1976-77, 1978-79. $20.00 per volume.

This book is a well written contribution from numerous authors, all of whom are at Hahnemann Medical College. The scope of the book is immense, covering widely divergent fields such as Biochemistry, Behavioral Science, Human Sexuality and a review of *Playboy* jokes. Most chapters are a concise four pages long, although a few are 14 page theses. Many chapters are better than the original material, especially those that were translated into English. A few authors adopt the style of e e cummings to spark additional interest. The illustrations by Dave Miller and Harry Phlange are quite exceptional and informative.

There are occasional typographical errors, except for the flawless work of Mark Salvaggio, which might confuse some readers. The quality of printing is superb and the infrequent inverted pages are a unique feature.

A useful addition to the book would have been pre-highlighted chapters. This would have saved the students the expense of buying felt tip markers and time in marking the pages. In addition, a bottle of No-Doze should be sold with the book, as not all the chapters are equally stimulating.

I strongly recommend this book. It is indispensible to the Core I, Core 1½ and Core III student. In fact, for some students, it is the closest they get to Hahnemann during these years.

A. Buck Worm, M.D.
West Philadelphia Correspondence School

Philadelphia, PA 19102

HISTOLOGY

By Peter S. Amenta, Ph.D. 249 pp., illustrated. Bern, Stuttgart, Vienna, Hans Huber Publishers, 1973. $15.95. Also available in Spanish.

Dr. Amenta's book is an extremely well written, abbreviated review of histology, one which would make his mentor, the late Dr. Bloom, proud.

From the first pages, one can appreciate the telegraphic style of writing and the flawless transitions between concepts. The analogies are stunning, especially the one comparing the female reproductive system to two footballs held behind the back while bending at the waist. The use of the Nomina Histologica makes the edition invaluable in interpreting pathology reports. The frequent color illustrations rival Netter.

I would highly recommend this book to every freshman student. In fact, the student may find the Spanish edition even more helpful.

Fair A. Fawcett, M.D.
Harvard Medical School

Boston, MA 02111

THE TESTS

By the Departments. Philadelphia, Office of Medical Education Printers, 1976-80, published every 6 weeks (now monthly). $10,000 per year.

This collection of writings is difficult to take even if given away. Very few answers can be found in the publication and the (A) 1, 2, and 3, (B) 1 and 3, (C) 2 and 4, (D) 4 only, and (E) all of the above format makes reading tedious.

I do not recommend this book for any sane individuals.

John Q. Student

NOTICES

SYMPOSIUM ON WIND TUNNEL TESTING

The annual symposium on Wind Tunnel Testing will be held from Sept. 1, 1980 to June 1, 1981 at 15th and Vine Streets, Philadelphia. Participants must be willing to brave the wind and cross 12 lanes of traffic.

For more information apply to HMCH.

ABSENTEE LANDLORD ASSOCIATION MEETING

The Absentee Landlord Association will hold its annual meeting July 10, 1980 in Stiles Hall to discuss concepts in slum landlording, price increases, and minimal services for greatest profit.

For more information write Stiles Hall Management.

SEMINAR ON LIBRARY MANAGEMENT

The first E. Unworthy Seminar on Library Management will be held on Sept. 6 1980 at Geary Auditorium, Hahnemann Medical College. Papers are invited in any of the following areas: Keeping Copy Machines in Disrepair, Increasing Noise in Study Areas, Merging Bookstores with Libraries, Hazards of Carpets in Libraries, and How to Reduce Library Hours to Four Hours a Week.

For more information write E. Unworthy, HMCH, Philadelphia, Pa.

CONFERENCE ON LIGHT TECHNOLOGY

A Conference on Light Technology offered by the Behavioral Science Department will explore the numerous permutations and nuances of lighting and non-lighting techniques of Geary Auditorium. Participants will be trained in tapping microphones, breaking projectors, dropping pointers and turning off lights. Advanced studies include rapid amputation techniques using the sliding black boards.

For more information write to any lecturer at HMCH.

VACATION SEMINAR

The faculty of Hahnemann is sponsoring the seventh Vacation Seminar for all students one week prior to finals. Participants are invited to relax and enjoy themselves before they fail.

For more information contact the Curriculum Committee.

CORRECTION

Tuition as a Function of Teaching. In the previous issue the title of the article should have read, "Tuition as an Inverse Function of Teaching."

DEDICATION TO THE FACULTY

It is appropriate to dedicate this year's book to the faculty. Through their support Hahnemann remained solvent during a time of financial crisis. Through their efforts they have taught us the science and the art of medicine as best they could. Although we may have disagreed with some of them at times,we would not have become physicians without them. We owe them much.

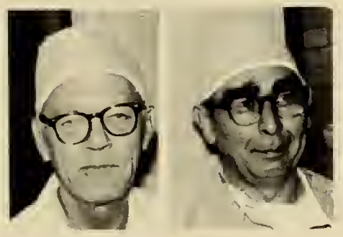
On the following pages are the names and photographs of some of the faculty members whom we have known through our four years here. Unfortunately, not everyone's photograph was available.

ANATOMY

P.S. Amenta, *Chairman*, D. DePace, J.M. Augustine, Myer. Not shown but remembered: J.H. Van Dyke, N. Aycock, P.W. Bankston, L. Misantone, G.K. Rieke, L. Terracio, N. Uray, Sarphie.

ANESTHESIOLOGY

H.L. Price, S. M. Fisher, *Chairman*.



BIOLOGICAL CHEMISTRY

Top: T. M. Devlin, *Chairman*, J. Baggott, T. E. Conover, J. Alexander.
Bottom: F. W. Pairent, G.M. Jacobsohn, C. Angstadt.
Not shown: J. J. Ch'ih.

COMMUNITY MEDICINE

M.A. Benarde.

DIAGNOSTIC RADIOLOGY

M.E. Haskin, *Chairman*, E. Himmelstein and E.E. Schwartz, M.E. Kricum, R. Phillips, R. Golkow, R. Rodriquez, S. Glick, and J. G. Teplick.

MEDICINE

Top: W. W. Oaks, *Chairman*, E.L. Coodley, *Director*, H. D. Bennett, D. Mason.
Middle: S. Spitzer, J. Carver, K. Bharadwaja, S. Bender.
Bottom: W. Likoff, B.L. Segal, D. Major, H. Miller.

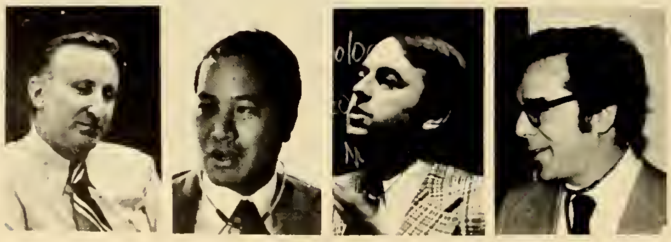
Top: M.N. Kotler, P. Sigmann, E. Bemmis, D. Naide. Bottom: R.S. Pennock, B. Weiss, J. Simmons, J. Davie. Not shown: J. Feldman, E. Eshaghpour, D. Feinberg, Asper.

Division of Dermatology: S. Binnick, R. Fleischmajer. Not shown: H.C. Maguire, *Director.*

Division of Endocrinology: L.I. Rose, *Director,* R.L. Lavine.

Division of Family Medicine: L. Fuller, *Director,* F.F. Lang, Middledorf, J. Miller.

Division of Gastroenterology: H.R. Clearfield, *Director,* V.P. Dinoso, M. Derezin, R.C. Goldstein.



Division of Hematology and Medical Oncology: I. Brodsky, *Director,* S.B. Kahn, J.F. Conroy, S. Bulova.

Division of Infectious Diseases: A.R. Schwartz, *Director,* G. Hammer.

Division of Nephrology and Hypertension: Top: C.Swartz, *Director,* G. Onesti, A.B. Schwartz. Bottom: Brezen, J. Chinitz, P. Lyons.

Division of Occupation Health: W. Weiss, *Director.*

Division of Pulmonary Diseases: R.F. Johnston, *Director,* T. Oslick, L.A. Kauffman, J.P. Shinnick.

Division of Rheumatology: V.J. Zarro, *Director.* Not shown: D. Friedman.

MENTAL HEALTH

G. Melchiode, R. DeSilverio. Not shown but remembered: I. Zwerling, *Chairman*, G. Abroms, H. Belmont, F. West, G. Kirschbaum, B. Seven, R. Nathan.

MICROBIOLOGY

Top: R.L. Crowell, *Chairman*, A. Bondi, W.P. Weidanz, P.H. Saluk. Bottom: D.D. Stieritz, J.M. Hammel, R.R. Gutekunst, B.J. Landau. Not shown: A.G. Moat, H.C. Maguire.

NEUROLOGY

E.L. Mancall, *Chairman*, Lachmann, B. Bogdanoff, A.C. Winkelman. Not shown: Leopold.

NEUROSURGERY

H.H. Schmidek, *Chairman*. Not shown, A.K. Olsen, Hirsch.

OBSTETRICS AND GYNECOLOGY

Top: T. Von Sedlacek, *Chairman*, B. V. MacFadyen, H. Kotwal. Bottom: Herman, S. Gupta, Bortozick. Not shown: Zargami.

OPHTHALMOLOGY

D. B. Soll, *Chairman*.

ORTHOPEDIC SURGERY

A.T. Berman, *Chairman*, J.B. Webber, S.J. Bosacco.

OTORHINOLARYNGOLOGY

J.A. Tucker, *Chairman*, G.P. Holt, Ansel.

PATHOLOGY

Top: E. Rubin, *Chairman*, W.M. Levy, S. Katz, E.K. Koiwai. Bottom: Koffler, E. Catalano, Martinez, Damjanov. Not shown: S.C. Chang, W.C. Kashatus.

PEDIATRICS

Top: R. Kaye, *Chairman*, J.M. Kaplan, T. Moshang, E. Eshaphpour.
Middle: H.S. Chawla, B. Falkner, I.S.E. Gibbons, P. Vanace.
Bottom: S. Waldman, Rosenstock, M. Graub, T. Scott.

PHARMACOLOGY

Top: W. Chernick, *Chairman*, J.R. DiPalma, A. Gero, E.I. Ciaccio (deceased).
Middle: R.G. Sample, E. Barbieri, B. Calesnick, G.J. DiGregorio.
Bottom: V.J. Zarro, A. Ferko.

PHYSIOLOGY

E.T. Angelakos, *Chairman*, J.C. Torres, R.J. Alteveer, M. Kalia.

J.T. Ponessa, A.M. Ambromovage, C.A. Snipes.

RADIATION THERAPY AND NUCLEAR MEDICINE

L.W. Brady, *Chairman*, M.N. Croll, R.J. Wallner.
Not shown: J. Antoniades, J.R. Glassburn, S. Prasavinichai, W Serber, J.I. Damsker, H.D. Burns, L. Stanton, J.L. Day, D.A. Lightfoot, D. Ewing, T. Koval.

SURGERY

Top: T. Matsumoto, *Chairman*, M. Perlman, R. Bower, A.E. Pearce.
Second line: A. Ulin, C.C. Wolferth, D.S. Saris, T. Gain.
Third line: M.F. Hayes, Jr., C. Pavlides, S. Sufian, A. Adam.
Bottom: E. Mundth, J.O. Finnegan, P. Gonick, O. Khanna.
Not shown: S. Simonian, Amron, W. Muir, Beatty, Gould.

INDEX

Raymond Aldridge
125 Hayeswold Dr.
Coraopolis, PA 15108

Peter S. Amenta
325 N. 15th St. Apt. 508
Philadelphia, PA 19102

Donald E. Anderson
831 Freedom Ave.
Johnstown, PA 15904

Joseph P. Ariaza
110 Highway Dr.
San Antonio, TX 78219

David R. Arbutina
McCoy Place
R.D. #2
Sewickley, PA 15143

Darrilynne D. Arnelle
2320 Koko Lane
Baltimore, MD 21216

Dudley C. Backup
Friends Hospital
Philadelphia, PA 19124

Robert S. Bailey
27 Judie Lane
Ambler, PA 19002

Charles J. Barr
4136 Wilshire Dr.
York, PA 17402

John F. Barr
1218 Hulton Rd.
Oakmont, PA 15139

Rita A. Bass
912 E. 9th St.
Muncie, IN 47302

Daniel O. Billman
211 Fremont Ave. East
Hutchinson, MN 55350

Andrew R. Blumenthal
211 Uxbridge Dr.
Cherry Hill, NJ 08034

Phillip A. Boccagno
524 Lobelia Ave.
Reading, PA 19605

Mark W. Bohn
153 Main St.
Mountaintop, PA 18707

Larry M. Borowsky
2200 Benj. Franklin Pkwy.
Apt. W-1211
Philadelphia, PA 19130

Kevin D. Brady
141 Brookside Rd.
Newtown, PA 19073

Jason Brajer
8004 Rodgers Rd.
Elkins Pk., PA 19117

Steven U. Brint
Cedarbrook Hill, Apt. BPH9
Wyncote, PA 19095

Mary T. Burke
709 Jode Road
Norristown, PA 19401

Edward P. Bzik
147 Analomink St.
E. Stroudsburg, PA 18301

Douglas C. Cambier
1234 Ohioview Dr.
Industry, PA 15052

Eric B. Carlson
18 Magda Lane
Somerville, NJ 08876

Francis J. Cavanaugh
814 W. Broad St.
Quakertown, PA 18951

Janice J. Cederstrom
R.D. #1, Box 221
Irwin, PA 15642

Steven S. Chalfin
447 Hendrix St.
Philadelphia, PA 19116

Harriet Character
3308 E. 139th St.
Cleveland, OH 44120

James M. Chiadis
942 8th Ave.
Bethlehem, PA 18018

Andrew V. Cichelli
131 Wharton Lane
Bethlehem, PA 18017

Claire M. Cohen
49 Lincoln Ave.
Yeadon, PA 19050

Kenneth R. Cohen
3526 Pine Road
Huntingdon Valley, PA 19006

Larry W. Cohen
3526 Pine Road
Huntingdon Valley, PA 19006

Tom Cohen
3 Westville Rd.
Inwood, NY 11696

Jay J. Constantine
232 Houston St.
Chester, PA 19013

Edward A. Cooney
16 Highland Dr.
Wilkes-Barre, PA 18702

J. Thalia Cunningham
5411 Aiken Pl. Apt. 312
Pittsburgh, PA 15232

Frank R. Cymerman
5445 Covode St.
Pittsburgh, PA 15217

Ronald L. Cypher
139 Artlee Ave.
Butler, PA 16001

Madeline N. Daily
6304 Cardiff St.
Philadelphia, PA 19149

Deborah A. Davis
2446 Eldon Ave.
Drexel Hill, PA 19026

Jane L. Davis
719 N. Oakhurst Dr.
Beverly Hills, CA 90210

Kathleen A. DePonte
Box 700
Norton, VA 24273

David R. DeHaas
24 Wilmont Ave.
Washington, PA 15301

Don C. Deno
110 Sussex Pl.
Berwyn, PA 19312

Alan R. Ecker
60 Pickwick Dr. East
Syosset, NY 11791

James A. Espinosa
910 Highland Ave.
Palmyra, NJ 08065

Christine C. Evanchick
25 Korn St.
Kingston, PA 18704

Judith A. Farley
97.5 Terrace St.
Carbondale, PA 18407

Clifford J. Field
11 Eurana Ave.
Weatherly, PA 18255

Henry A. Finn
258 Belmont St.
Waymart, PA 18472

Daniel J. Fitzgerald
155 Donngbrook Dr.
Hagerstown, MD 21740

David M. Flowers
1031 Old Mill Rd.
Wyomissing, PA 19610

James N. Frangos
1400 Northhampton St.
Easton, PA 18042

Suzanne L. Frye
2181 Columbia Ave.
Lancaster, PA 17603

Joseph L. Garbarino
126 E. Valleybrook Rd.
Cherry Hill, NJ 08034

James J. Gaul
1540 Buck Rd.
Feasterville, PA 19047

Dennis J. Giangiulio
1838 Rowland Rd.
Abington, PA 19001

Anne S. Giovannelli
110-A Bayville Ave.
Bayville, NY 11709

David G. Glueck
1853 London Rd.
Abington, PA 19001

Mark E. Hahn
427 Willow Ave.
Scotch Plains, NJ 07076

David B. Handel
1408 Melrose Ave.
Melrose Park, PA 19126

Alan M. Heilpern
2426 Sherman Oaks Circle
Sherman Oaks, CA 91403

Louis W. Heyl
332 Holiday Dr.
Pittsburgh, PA 15237

Charles M. Intenzo
1816 S. Broad St.
Philadelphia, PA 19145

Mary E. Jacquette
1514 Delmont Ave.
Havertown, PA 19083

Gary A. Karpf
Landmark II, 1412
Cherry Hill, NJ 08034

Eli Katz
611 Pleasant Valley Way
West Orange, NJ 07052

Francis M. Kearney
23 Saxer Ave.
Springfield, PA 19064

Joseph A. Kearney
2327 Wells Dr.
Bethel Pk. PA 15102

Karl B. Kern
1161 Greenbrier Dr.
Bethel Park, PA 15102

Paul M. Kimmell
1943 Rachel Dr.
Lancaster, PA 17601

Lawrence S. Klein
509 Roumfort Rd.
Philadelphia, PA 19119

Robert C. Knapp
124 Hillcrest Dr.
Wayne, NJ 07470

Jonathan J. Koblenzer
2120 Spruce St.
Philadelphia, PA 19103

David A. Krendel
211 Cornell Ave.
Swarthmore, PA 19081

Mary L. Kriza
162 Franklin St.
Highland Park, NJ 08904

E. Gary Lamsback
428 Emerson Rd.
Huntingdon Valley, PA 19006

Martin I. Lander
104 S. Crescent Hts. Blvd.
Los Angeles, CA 90048

Neil E. Lattin
31915 W. 14 Mile Rd.
Farmington Hills, MI 48018

Richard F. Latuska
200 Jane St.
McKees Rocks, PA 15136

Ira D. Lawrence
111 Spring Rd.
Malvern, PA 19355

Robert E. Lending
865 Aldan Dr.
St. Louis, MO 63132

Lawrence N. Levenson
57 W. Long Dr.
Lawrenceville, NJ

Samuel C. Levine
430 Wyndhurst
Coraopolis, PA 15108

Joseph F. Litchman
Box 77
R.D. #1
Harveys Lake, PA 18618

Frank A. Long
950 Vista Glen
Bethel Park, PA 15102

Terrence R. Loughlin
412 N. Prospect St.
Park Ridge, IL 60068

Carol D. Luzzi
126 Weyford Terrace
Garden City, NY 11503

Michael Lyons
9825 Layton Rd.
Philadelphia, PA 19115

Alan P. Mancusi-Ungaro
54 S. Mountain Ave.
Montclair, NJ 07042

Paul D. Mantell
2805 Liberty St.
Allentown, PA 18104

Nathan R. Massey
65 Jay St.
Geneva, NY 14456

Eileen C. Matlack
171 Goldenridge Dr.
Levittown, PA 19057

Michael F. Mayo-Smith
156 Mt. Vernon St.
Boston, MA 02180

Walter S. Mazen
1307 Manchester
Chico, CA 95926

Edward O. McFalls
29 Pineview Ave.
Troy, NY 12180

Tomi J. McCann
1512 Main St.
Florence, AZ 85232

Charles E. McCoy
217 St. Thomas Rd.
Lancaster, PA 17601

Kevin E. McGovern
343 Canterbury Dr.
Ramsey, NJ 07446

Lawrence T. McKinney
5033 Osage St.
Philadelphia, PA 19143

John N. Menio
1230 Howertown Rd.
N. Catasauqua, PA 18032

Robert A. Mentyka
126 Coal St.
Plymouth, PA 18651

Richard J. Mercier
214 Sherwood Dr.
Chambersburg, PA 17201

Daniel P. Michalak
40 Eddy Lane
Newington, CT 06111

Bruce M. Milburn
17 Mill Creek Rd.
Norristown, PA 19401

David C. Miller
755 Bergen St.
Philadelphia, PA 19111

A. David Mingle
R.D. #1
Box 400
Roaring Spring, PA 16673

Joseph P. Monastero
23 Hancock Ave.
Norristown, PA 19401

Brian J. Munley
169 Ash St.
Archbald, PA 18403

David S. Musikant
1508 Waynesboro Rd.
Paoli, PA 19301

Allan D. Nachlis
122 New Alexander
Wilkes Barre, PA 18702

Paul Nakazoto
2214 Ramsey Rd.
Monroeville, PA 15146

William C. Nelson
1057 Norwich Lane
Virginia Beach, VA 23455

Howard H. Nizar
67 Daksa IV, Block I
Kebajoran Baru
Jakarta, Indonesia

Barbara A. O'Neil
73 Berkeley St.
Nashua, NH 03060

Gary H. Oberlender
1219 Passmore St.
Philadelphia, PA 19111

Edward S. Opass
1398 Lincoln Pl
Brooklyn, NY 11213

Eleanor S. Packman
214 Sycamore Ave.
Merion Station, PA 19066

Howard B. Parmet
1118 N. 28th St.
Allentown, PA 18104

John S. Parry
601 Greenwood St.
Allentown, PA 18103

Robert S. Porter
3091 Street Rd.
Warrington, PA 18976

Vernon H. Preston
Box 101-BRD #1
Nottingham, PA 19362

David L. Rackow
1436 Cheshire Rd.
Jacksonville, FL 32207

Sandra M. Rattray
124 Beach 59th St.
New York, NY 11692

Carey A. Reber
65 Sylvan St.
Avon, CT 06001

Scott F. Recker
22 Whitewater Dr.
Corona del Mar, CA 92625

James J. Reilly
4874 Roosevelt Blvd.
Philadelphia, PA 19124

Ronald J. Rejzer
R.D. #2
West High St.
Union City, PA 16438

Patricia A. Richard
412 Gulf St.
Milford, CT 06460

Victor R. Risch
560 Tremont Ave.
Westfield, NJ 07090

Alan H. Rohrer
1610 Maple St.
New Cumberland, PA 17070

Richard C. Rosenbloom
147 Hartwood Dr.
Pittsburgh, PA 15208

Scott A. Rosenbloom
2058 Spring Valley Rd.
Pittsburgh, PA 15243

Gary W. Ross
904 Hill St.
Mayfield, PA 18433

Mark J. Russ
128 Nadina St.
Philadelphia, PA 19116

Mary Ryczak
203 Hospital St.
Peckville, PA 18452

Mark A. Salvaggio
2200 Clairmont Dr.
Upper St. Clair, PA 15214

Francis P. Salvatore
555 North St.
Fort Lee, NJ 07024

John H. Samies
250 W. 11th St.
Bloomsburg, PA 17815

John P. Sammartino
1126 Serrill Ave.
Yeadon, PA 19050

Rhonda A. Sanderson
746 Thompson Ave.
Bound Brook, NJ 08805

David A. Schaeffer
195 Walnut St.
Lebanon, PA 17402

Andrew A. Schiavone
230 Market St.
Bangor, PA 18013

Richard M. Schuman
161 S. Third St.
Lehighton, PA 18235

Rhonwyn S. Seidel
Box 233
R.D. #1
Wernersville, PA 19565

Robert W. Sharpe
451 Olive St.
Pittsburgh, PA 15237

William H. Sher
86-33 Springfield Blvd.
Queens Village, NU 11427

Edward W. Shertz
607 Thornhill Dr.
Lafayette Hill, PA 19444

Daniel E. Shufler
4276 Glen Lytle Rd.
Pittsburgh, PA 15217

Saul J. Silver
P.O. Box 64
Howell, NJ 07731

Eugene J. Simoni
161 Drakes Lane
Old Forge, PA 18518

Michael R. Sivulich
2238 Woodcrest Dr.
Johnstown, PA 15905

Kenneth P. Skorinko
Box 102-1
R.D. #1
Coplay, PA 18037

David L. Snyder
Fox Run Apts. #F36
365 Newton Rd.
Warminster, PA 18974

Francis X. Solano
14 Hilltop Rd.
Pittston, PA 18604

Kenneth A. Son
608 Wyoming Ave.
Wyoming, PA 18644

George W. Sowerby
56 Myers St.
Forty-Fort, PA 18704

Giovanna M. Spinella
1565 Roosevelt Ave.
Niles, OH 44446

David L. Spizarny
2618 Putnam
Erie, PA 16511

Robert C. Stanton
455 Hidden River Rd.
Narberth, PA 19072

Andrew M. Stone
529 Lakeville, Lane
East Meadow, NY 11554

Daniel S. Sullum
623 Rutter Ave.
Kingston, PA 18704

Thomas W. Swain
84 Mt. Airy Rd.
Shavertown, PA 18708

Keith W. Sweigard
TH #13 Bridle Path Rd.
Bethlehem, PA 18017

Barry L. Swick
5716 Coco Palm Dr.
Ft. Lauderdale, FL 33313

Wendy L. Tabolsky
1116 Audubon Ave.
Philaelphia, PA 19116

Janice C. Tindall
121 Germantown Ave
Christiana, PA 17509

Charles S. Tressler
R.D. 32
Saltburg, PA 15681

George A. Truckenmiller
329 River St.
Forty Fort, PA 18704

Thomas H. Turner
619 Sciandro Dr.
Greensburg, PA 15601

Wendye C. VanBrakle
449 Berwyn-Baptist Rd.
Berwyn, PA 19312

Rafael I. Velez
2030 Race St.
Philadelphia, PA 19103

Ricardo Vilches
Saturno #43
Caguas, PR 00625

Richard A. Vitti
430 Buckeye St.
Greensburg, PA 15601

Donald J. Volpe
527 Central Ave.
Hammonton, NJ 08037

David M. Wallace
501 Walnut St.
Catasauqua, PA 18032

Thomas J. Weida
1049 Wilhelm Rd.
Hellertown, PA 18055

Terry L. Weill
10 W. 66th St.
New York, NY 10023

Michael Weinshall
2840 Ocean Pkwy.
Brooklyn, NY 11225

Ned M. Weiss
1034 Camas Dr.
Philadelphia, PA 19115

Jeffery D. Weitzman
414 Penn Rd.
Wynnewood, PA 19096

Milliard M. Wilbanks
5734 3rd St. NW
Washington, DC 20011

Daniel V. Wilkinson
4517 Ritchie St.
Philadelphia, PA 19127

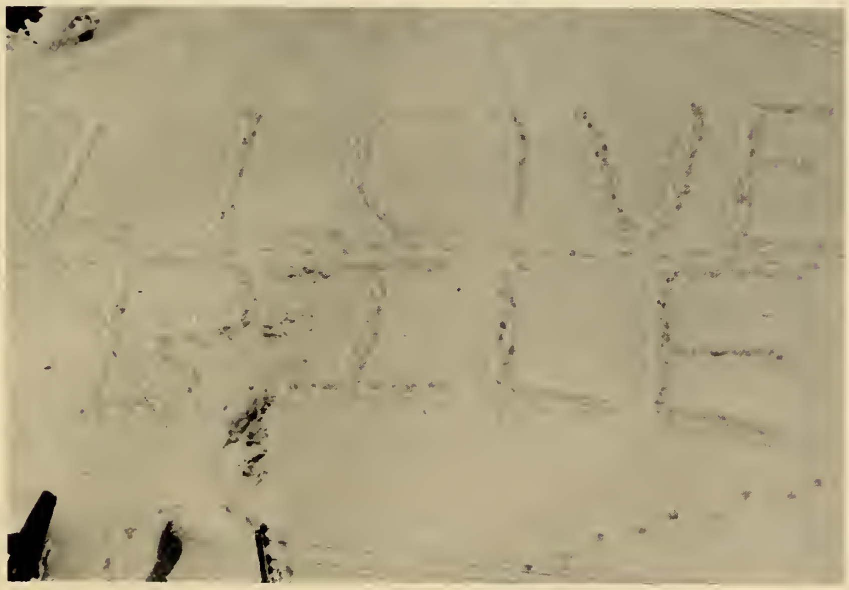
Margaret M. Wojnar
624 Fourth Ave.
Lindenwold, NJ 08021

Jeffery S. Yablon
941 Glenwood Rd.
Weat Hempstead, NY 11552

Roberta M. Young
7 Plymouth Ct.
Mount Holly, NJ 08060

Gretchen M. Zimmerman
105 Helen St.
Johnstown, PA 15905

Andrea J. Zurybida
12213 Sweetbriar Rd.
Philadelphia, PA 19154



Congratulations
And
Best Wishes
To The
Class Of 1980

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Paul Gazzerro, Jr.
Executive Vice President
And Chief Operating Officer

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To The
Class Of 1980
And
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To Your

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David O. Williams '48

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Springfield, PA
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Wayne, PA
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These slides of Burlington County Memorial Hospital and Helene Fuld Medical Center were unavailable at the time the article "Satellite Lesions" was printed.

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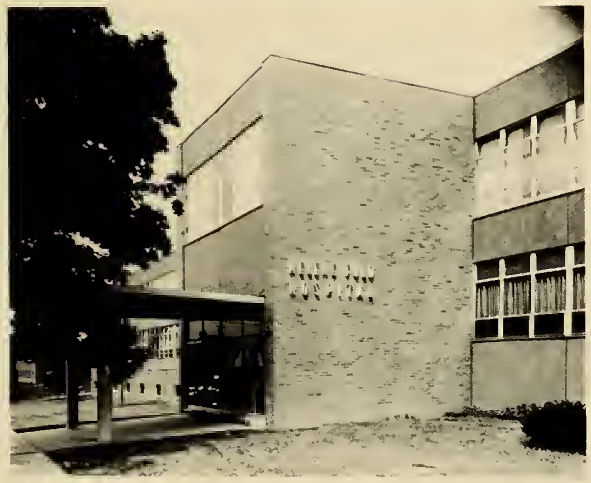

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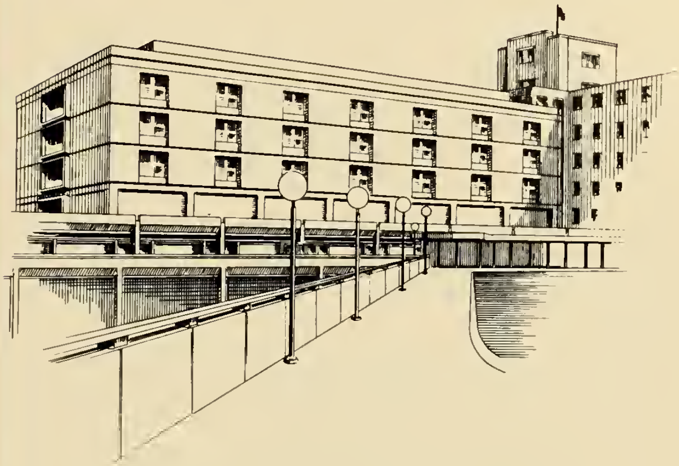

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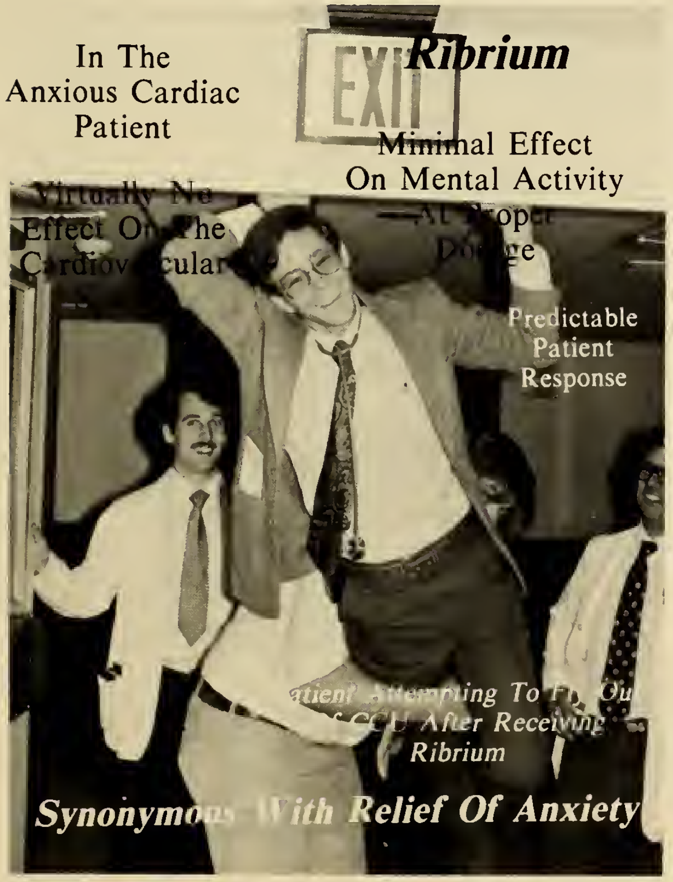
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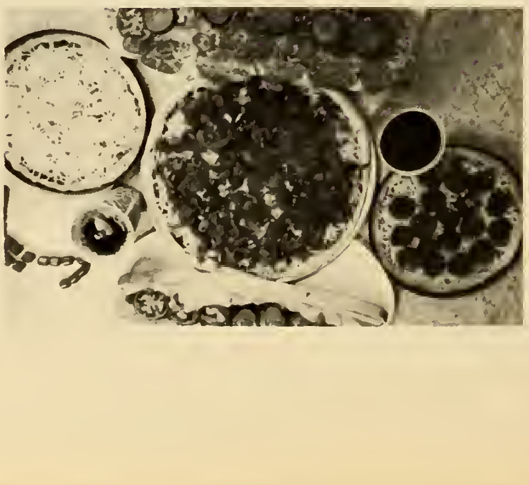

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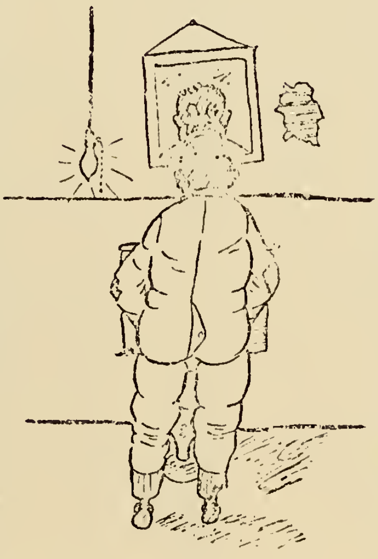

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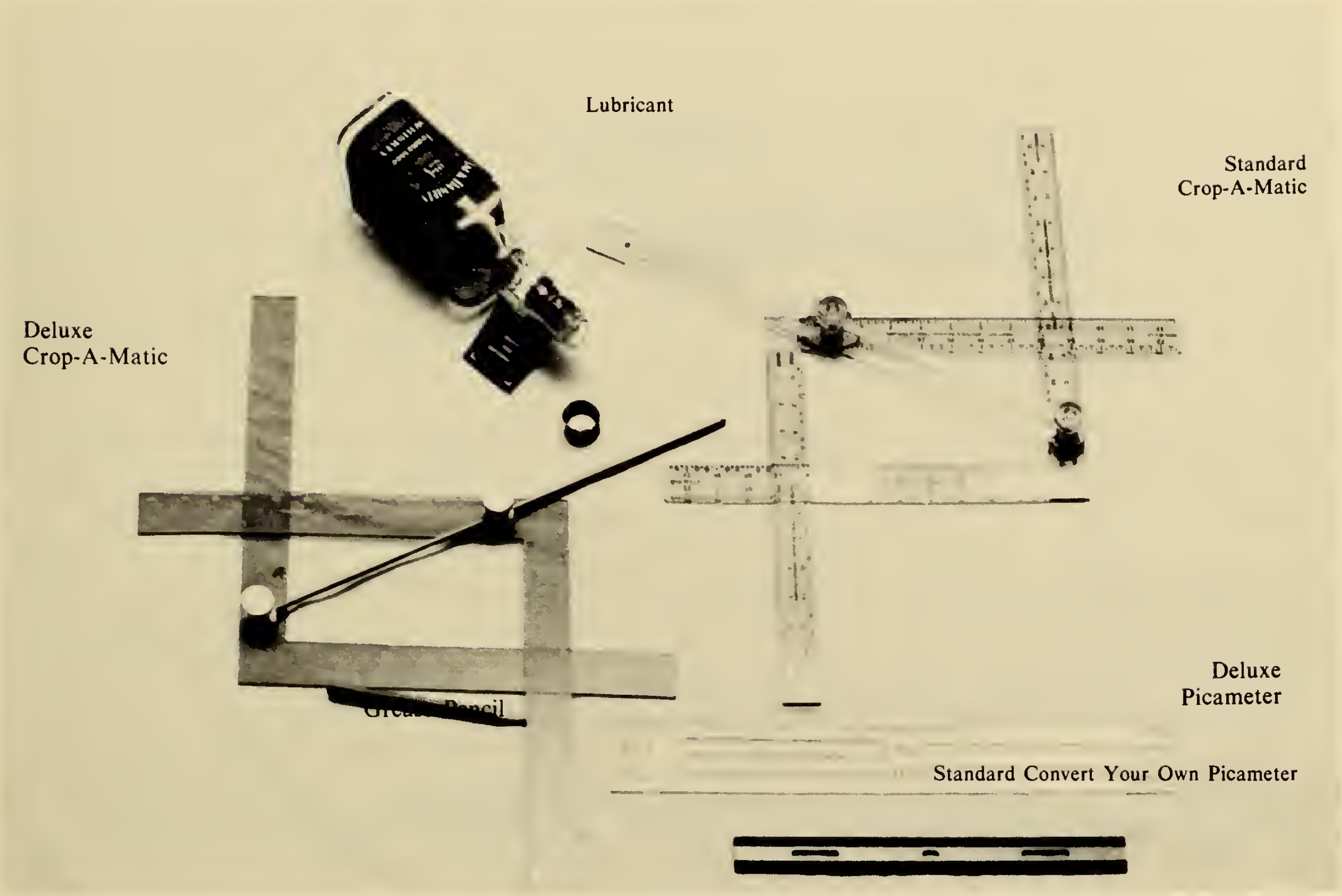
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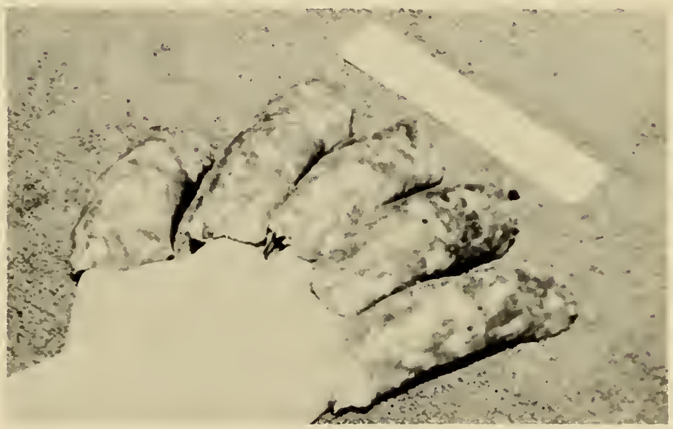

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- Analgesic
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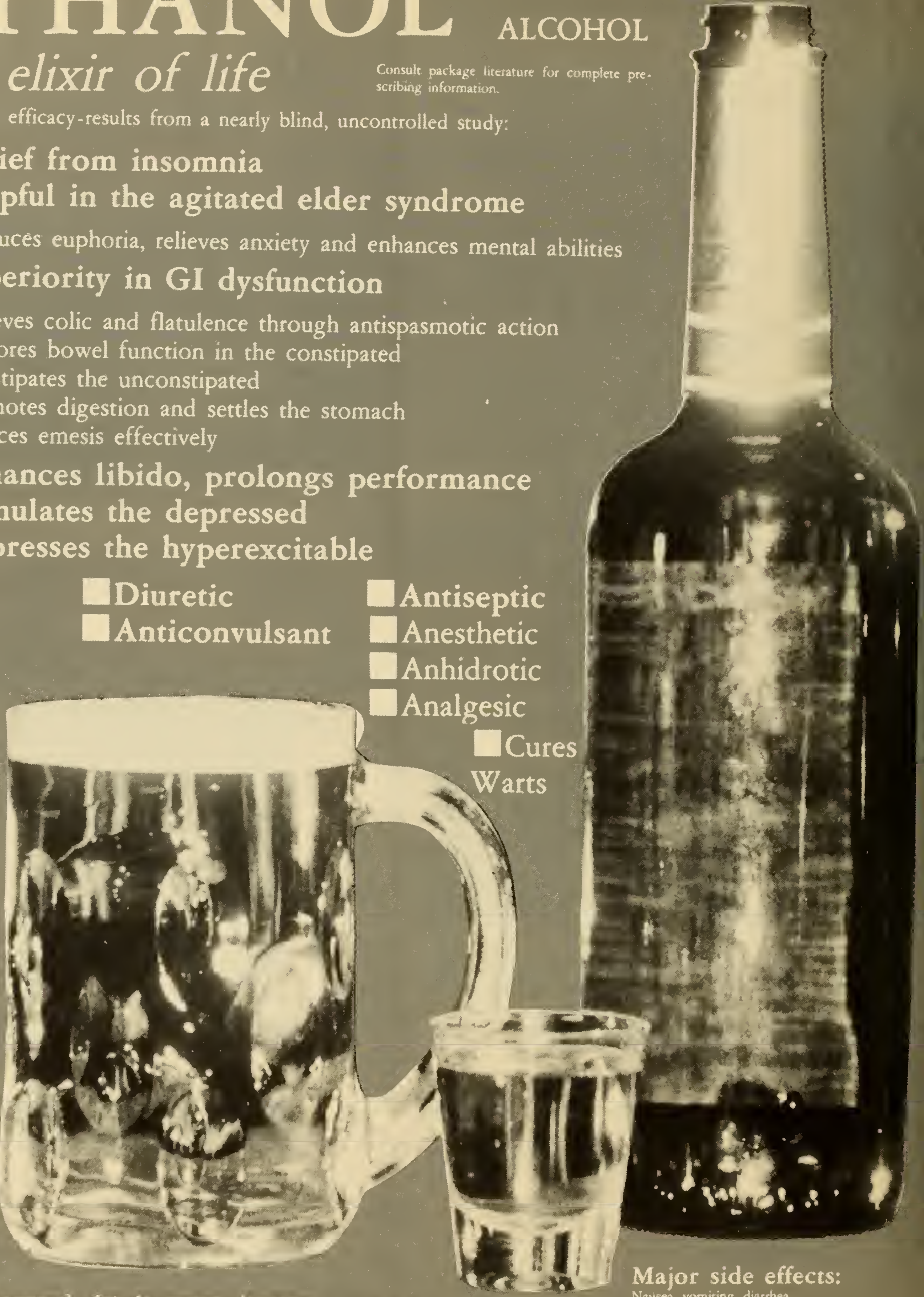
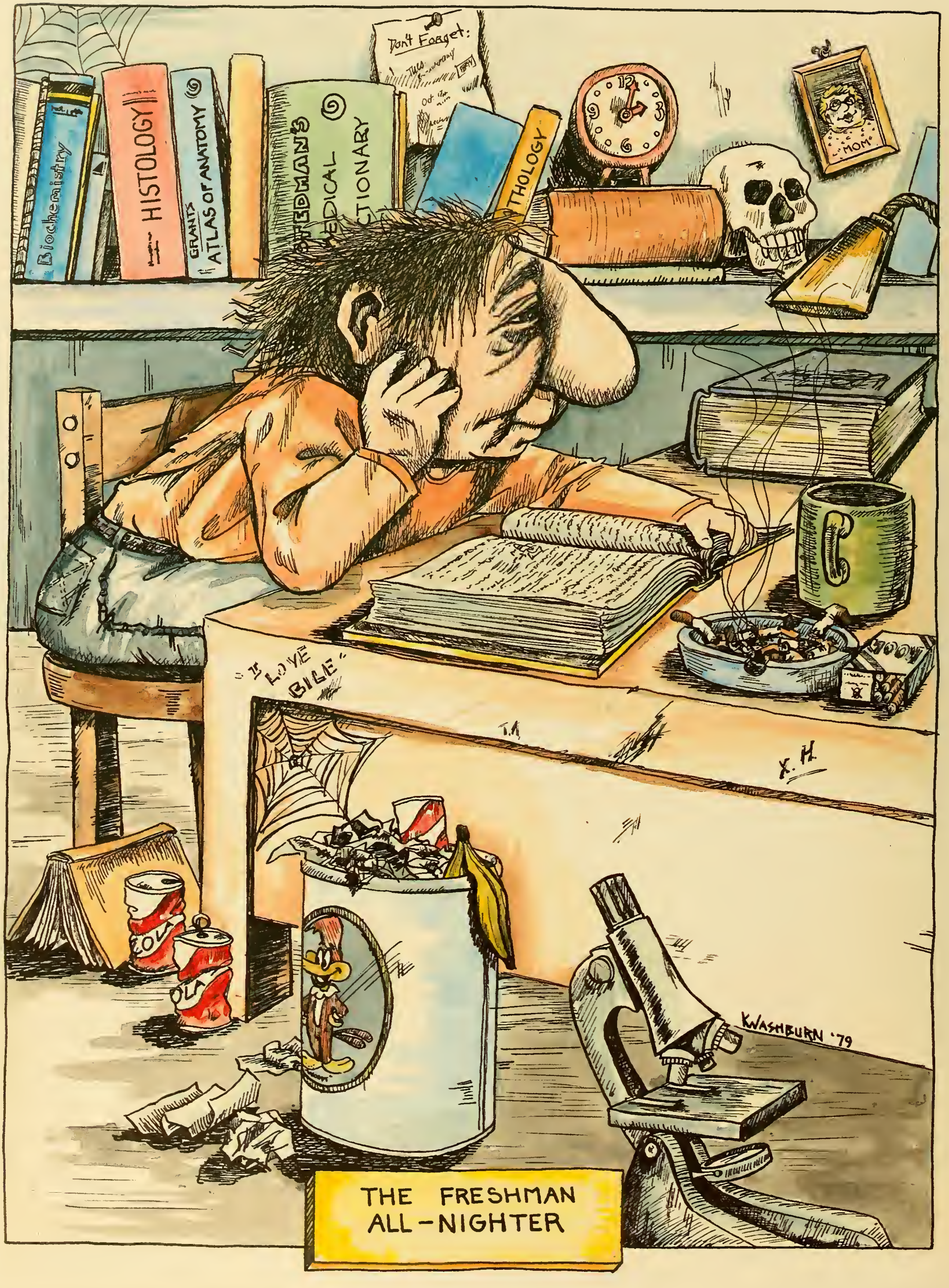


Major side effects:
Nausea, vomiting, diarrhea, constipation, convulsions, GI upset, habituation, beriberi, blood dyscrasias, liver toxicity, coma

Well tolerated, high compliance

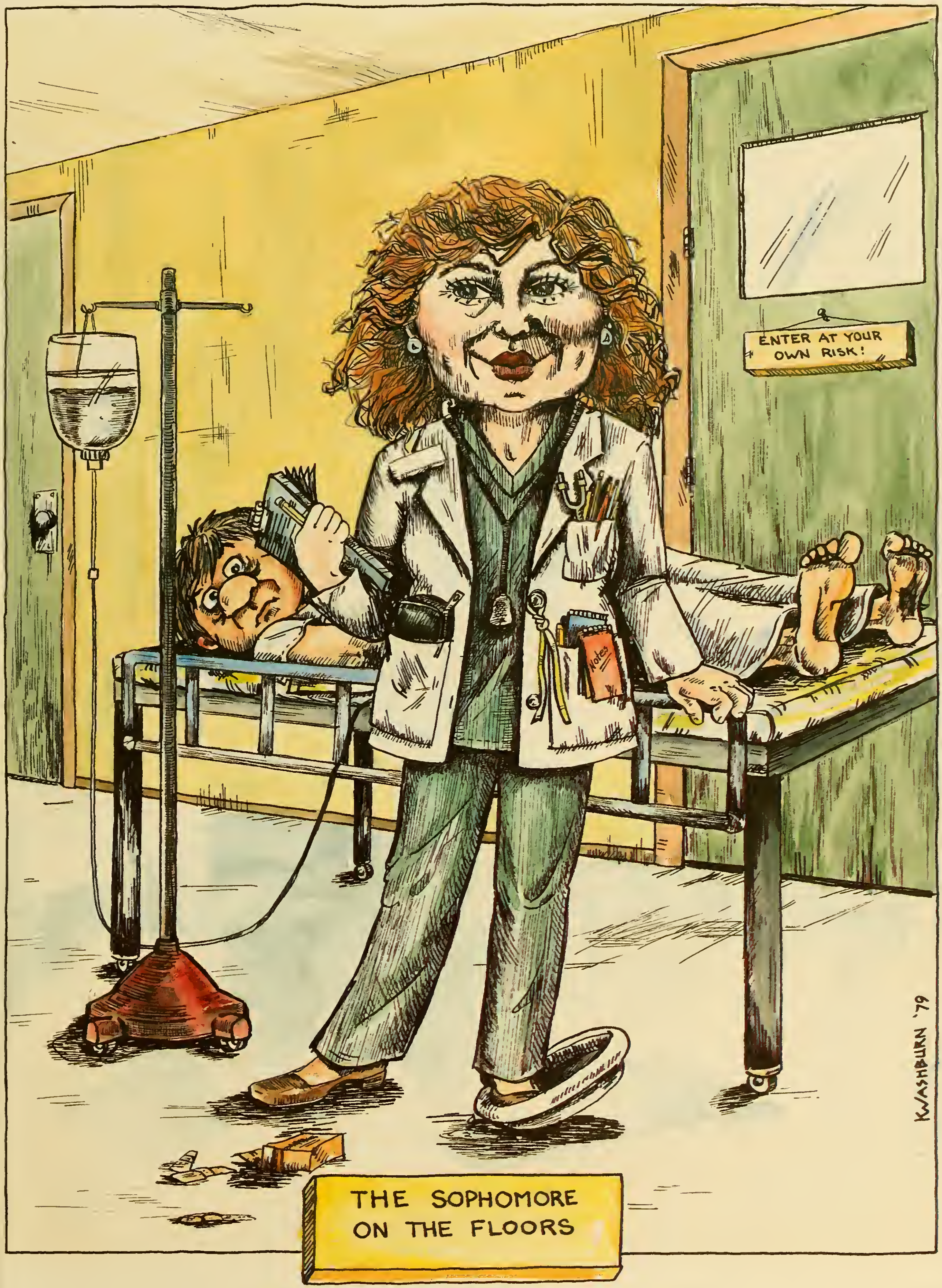
Good for what ails you

TM

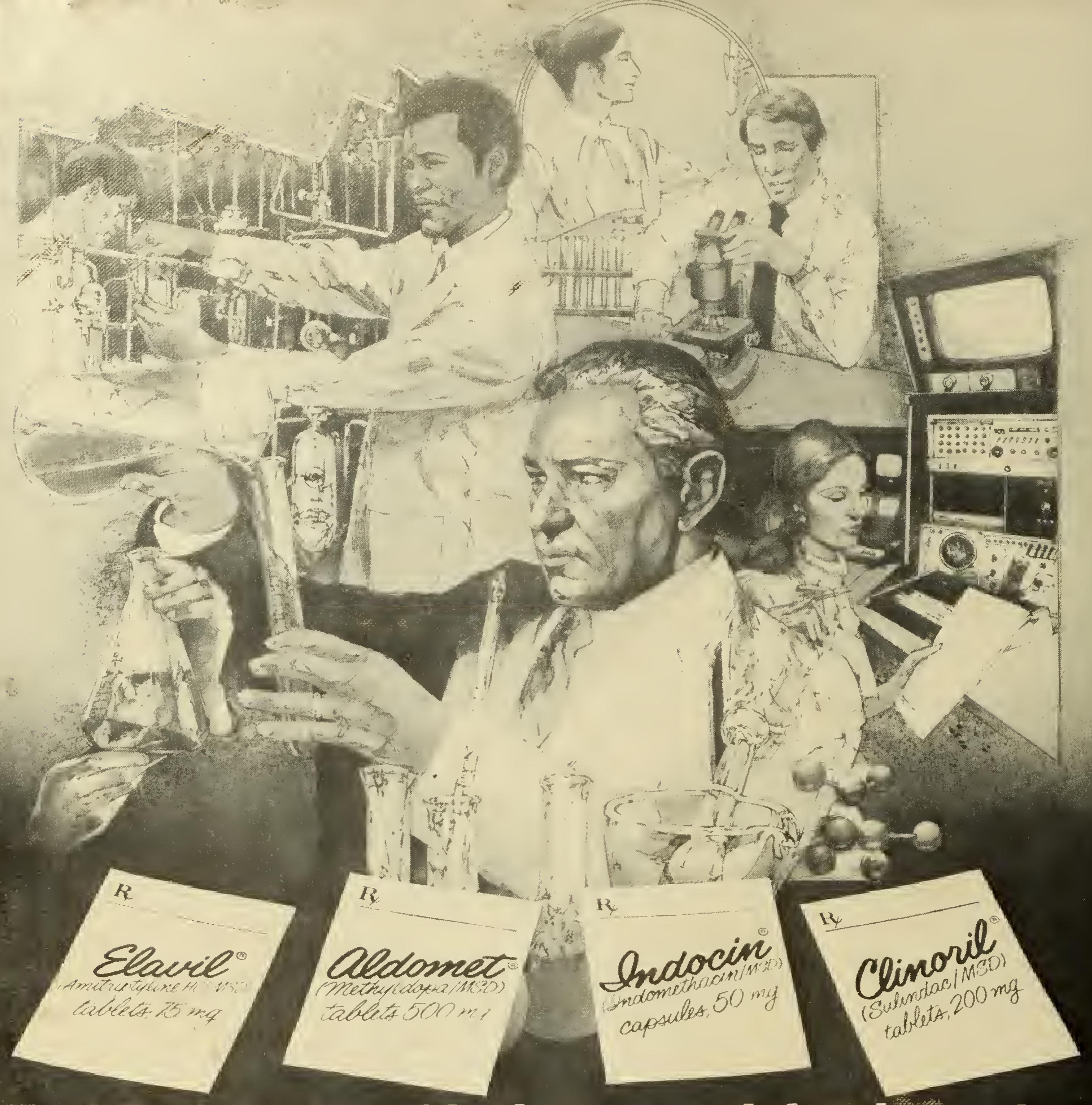


Biochemistry
HISTOLOGY
GRANT'S ATLAS OF ANATOMY
TEDMAN'S MEDICAL CTIONARY
THOLOGY
Don't Forget:
MOM
"I LOVE BILE"
T.A.
X.H.
COL
OLA
KWASHBURN '79

THE FRESHMAN ALL-NIGHTER

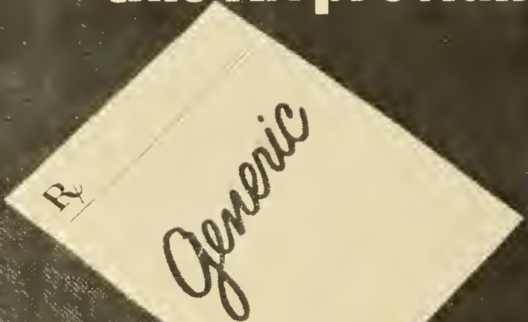

ENTER AT YOUR
OWN RISK!
Notes
K WASHBURN '79

THE SOPHOMORE
ON THE FLOORS


℞
Elavil®
(Amitriptyline HCl/MSD)
tablets, 75 mg
℞
Aldomet®
(Methyldopa/MSD)
tablets 500 mg
℞
Indocin®
(Indomethacin/MSD)
capsules, 50 mg
℞
Clinoril®
(Sulindac/MSD)
tablets, 200 mg

Each Rx helps provide the research for the next...

—but what research is this Rx providing for?



There is no substitute
for research.

MERCK SHARP & DOHME
Division of Merck & Co., INC., West Point, Pa 19486

MSD
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J9 MK08
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